

Case Number:	CM15-0036720		
Date Assigned:	03/05/2015	Date of Injury:	10/02/2013
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male who reported an injury on 10/02/2013. The mechanism of injury involved a fall. The current diagnosis is lumbar radiculopathy. The injured worker presented on 01/07/2015 for a follow-up evaluation. It was noted that the injured worker was utilizing Flexeril 10 mg, baclofen 10 mg, Tylenol No. 4, and triazolam. The injured worker reported persistent severe low back pain with disabling radicular pain in the left posterolateral leg. Upon examination, there was limited flexion to 45 degrees, positive straight leg raise on the left at 80 degrees, negative straight leg raise on the right, 5/5 motor strength, and 2+ deep tendon reflexes. Recommendations included a course of physical therapy and continuation of the current medication regimen. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Triazolam 0.25 mg Qty 30, for purposes of taper for discontinuation over 1-2 months:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants Page(s): 24, 63. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven, and there is a risk of dependence. In this case, it was noted that the injured worker has continuously utilized the above medication for an unknown duration. There is no mention of functional improvement. It was noted that the injured worker utilizes the above medication for insomnia. However, the injured worker does not maintain a diagnosis of insomnia disorder. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.