

<b>Case Number:</b>	CM15-0085530		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/21/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male, who sustained an industrial injury on 3/21/02. He reported a low back injury. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, reactionary depression, coccydynia, status post posterior lumbar interbody fusion L3-4, L4-5 and L5s!, status post hardware removal with exploration and augmentation of fusion, failed spinal cord stimulator trial and medication induced gastritis. Treatment to date has included lumbar laminectomy, spinal cord stimulator implantation, lumbar epidural steroid injection, oral medications including Norco, Anaprox, Topamax, Ultram and Halcion and topical medications including Voltaren gel. Currently, the injured worker complains of continued low back pain rated 5/10. The urine drug testing was consistent with the medications being used. Physical exam noted posterior lumbar musculature tenderness to palpation and increased muscle rigidity bilaterally and decreased range of motion of lumbar spine. The treatment plan included prescriptions for Norco, Ultram, Topamax, Halcion, Voltaren gel, Anaprox, Doral and Prilosec, physical therapy and consideration for lumbar spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Halcion 0.25mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Halcion Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2002. He continues to be treated for a diagnosis of failed back surgery syndrome. When seen, he was having ongoing back pain. Physical examination findings included decreased and painful lumbar spine range of tenderness and increased muscle tone. Halcion( (triazolam) is a triazolobenzodiazepine used for the treatment of insomnia and is included in the Beers criteria for inappropriate medication use. Benzodiazepines are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Additionally, the treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Halcion was not medically necessary.