

<b>Case Number:</b>	CM15-0006930		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 04/07/2012. She has reported subsequent low back pain with numbness to the bilateral lower extremities and was diagnosed with lumbar strain with radicular complaints, insomnia and depression. Treatment has included oral pain medication, application of ice and heat, physical therapy and injections. Currently the injured worker reports constant lower back pain with numbness to the bilateral lower extremities, difficulty sleeping and depression. Objective examination findings were notable for paravertebral tenderness to the lumbar spine, positive straight leg raising at 80 degrees on the right and 70 degrees on the left and decreased sensation in the left anterior and lateral thigh. The physician noted that a new prescription for Halcion was being requested but not specify the reason for the request. However, the Halcion replaced prior Flexeril use and was likely used for muscle relaxation. The claimant had been on Halcion since 9/2014. On 12/30/2014, Utilization Review non-certified a request for Halcion, noting that benzodiazepines are not recommended for long term use and that a more appropriate treatment for an anxiety disorder is an anti-depressant. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Halcion 0.25mg per 11/18/14 PR2 #14: 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 Benzodiazepine Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case the claimant had been on Halcion for several months. Long-term use is not recommended and is not medically necessary.