

<b>Case Number:</b>	CM15-0126354		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/14/1999
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71 year old male who sustained an industrial injury on 1/14/1999. He reported a slip and fall injury to the low back. Diagnoses include lumbar spinal stenosis, spondylosis, degenerative disc disease status post lumbar laminectomy, and failed back surgery syndrome. Comorbid conditions include diabetes. Treatments to date included surgery and medication. The provider's progress note dated 3/19/2015 annotated the injured worker complained of low back pain rated 5/10 VAS and documented the patient was weaned off all opiates in 2013. Since then the patient has been using medical marijuana to manage pain. The records also indicated a non-industry related fall three months earlier requiring surgical intervention. Afterwards he ambulated with an orthotic boot and walker with subsequent increased lower back pain. The physical examination documented antalgic gait, tenderness to lumbar spine and decreased lumbar range of motion. The provider's assessment lists depression, sleep disturbance, anxiety and difficulty on urination as part of the industrial injury and to be managed with medication. The plan of care included Triazolam 0.25mg tablets #30 with two refills; and Xanax 0.5mg #60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triazolam 0.25mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning Medications Page(s): 24, 66, 124. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5):487-504.

**Decision rationale:** Triazolam (Halcion) is a short-acting benzodiazepine with sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant properties. Because of its fast onset and short duration of action it is primarily indicated for use in treating insomnia and jet-lag. When used long-term tolerance to its effectiveness as a hypnotic occurs quickly and the patient may develop drug dependence and rebound insomnia. The MTUS does not recommend its use for long-term therapy. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. However, when benzodiazepine medication is used for longer than 4 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has taking this medication daily for over 2 months for its sedative effects. There was no documentation in the medical records available for review that a full evaluation for the etiology of the patient's chronic insomnia was done. Continued use is not indicated. Medical necessity has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Therefore, the request is not medically necessary.

**Xanax 0.5mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications Page(s): 24, 66, 124. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Alprazolam (Xanax) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anti-convulsant and muscle relaxant. Long-term efficacy is unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its

use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months presumably for its anxiolytic effect. There is no medical record documentation available for review that shows its effectiveness or that the patient has ongoing anxiety. Continued use is not indicated. Medical necessity has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Therefore, the request is not medically necessary.