

Case Number:	CM15-0069821		
Date Assigned:	04/17/2015	Date of Injury:	01/06/1994
Decision Date:	05/18/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/13/2015

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 58 year old female, who sustained an industrial injury on 1/6/94. She reported pain in her left shoulder after her chair collapsed and caused her to fall. The injured worker was diagnosed as having cervical spondylosis, regional sympathetic dystrophy of the upper extremity, migraines and depression. Treatment to date has included shoulder surgery, acupuncture, psychological treatments and pain medications. The documentation submitted supports that the injured worker has been using Triazolam 0.25mg for sleep since at least 11/2014. As of the PR2 dated 4/1/15, the injured worker reports being able to sleep 8 hours using Triazolam and she only takes it as needed. The treating physician requested to continue Triazolam 0.25mg #17.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam .25 MG #17: Upheld

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

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 includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was on Triazolam and Xanax for over a month. The Triazolam was used for sleep. The etiology of sleep disturbance or failure of behavioral modification was unknown. The continued and prolonged use of Triazolam is not medically necessary.