

Case Number:	CM14-0013539		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2000
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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. The expert reviewer is Board Certified in Neurology Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 indicates this is a 51-year-old male who was injured January 25, 2000. The current diagnosis is listed as a pain disorder (307.89). The injured worker is noted to be temporarily totally disabled. The pain management evaluation noted a diagnosis of chronic intractable severe pain with lumbar radiculopathy. Multiple conservative injection interventions had been completed as well as a lumbar surgery. Additional orthopedic consultation was pending. A severe depression was also noted. The most recent progress note indicates a post laminectomy syndrome, chronic pain syndrome with chronic opioid tolerance. The injured employee is noted to be severely symptomatic. There was endorsement of the current medication regimen without any objectification of efficacy, utility or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE FLURAZEPAM 30 MG 1 GHS #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 Chronic Pain Medical Treatment Guidelines Page(s): 24.

Decision rationale: Dalmane (flurazepam) is a benzodiazepine hypnotic used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. As outlined by the Chronic Pain Medical Treatment Guidelines it is not recommended for long-term use because long-term efficacy is unproven and there is significant risk of psychological and physical dependence. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to four weeks. The record reflects this medication is being prescribed for long term use. As such, it is being utilized outside of the guideline parameters and therefore not medically necessary.