

<b>Case Number:</b>	CM14-0030152		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/16/1992
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Occupational Medicine 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:

This is a 59 year-old female who has reported multifocal pain and mental illness after an injury on 10/16/92. Diagnoses have included depression and insomnia. Treatment for these conditions has included chronic Wellbutrin for depression and Flurazepam for insomnia. Per the available reports, these medications appear to have been prescribed for years. Reports from the primary treating physician during 2013-2014 refer to ongoing use of Dalmane, with no specific discussion of the results other than stating that there are ongoing sleep impairments in spite of medications. Function appears to be poor, as the primary treating physician states that the injured worker is unable to be trained for any work and the psychiatrist describes the work status as. On 2/17/14 the treating psychiatrist stated that Flurazepam was not used as often for sleep. Flurazepam was refilled. Work status was total disability. There was no other discussion of the indications or results for Flurazepam. On 3/5/14 Utilization Review partially certified a prescription for Flurazepam, noting that the Official Disability Guidelines do not recommend long term Benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurazepam 30mg #90 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & StressAntidepressants for treatment of MDD (Major Depressive Disorder).

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

**Decision rationale:** The MTUS, per the citation above, does not recommend benzodiazepines for long term use for any condition, including as a hypnotic. Flurazepam has been prescribed for this injured worker on a chronic basis. Sleep impairment has continued in spite of flurazepam. Function is poor, as evidenced by the totally disabled work status years after the original injury. Based on the MTUS recommendations for benzodiazepines as well as the results of use in this case, continued prescribing of flurazepam is not medically necessary.