

Case Number:	CM14-0173303		
Date Assigned:	10/24/2014	Date of Injury:	01/25/2000
Decision Date:	01/22/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 51-year-old male has submitted a claim for lumbar postlaminectomy syndrome, left lumbar radiculopathy, and chronic pain syndrome with chronic opioid tolerance associated with an industrial injury date of January 25, 2000. Medical records from 2014 were reviewed. The patient continued to suffer from intractable low back pain radiating to the left lower extremity. The pain was rated 6 to 7/10 in severity. The patient reported worsening of depression based on a progress report dated April 30, 2014. Physical examination of the lumbar spine showed limited motion and muscle guarding. Motor strength of left lower extremity muscles was rated 4/5. Mental status examination showed a cooperative patient with organized thought process and content. He had depressed mood. Treatment to date has included psychotherapy, Flurazepam (since February 2014), Lorazepam, Bupropion, Clonazepam, Cymbalta, Hydrocodone, Lunesta, and Norco. The utilization review from September 30, 2014 denied the request for Flurazepam 30 mg, #30 because of persistent high level of anxiety despite chronic use of several benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Updated 07/10/14, Benzodiazepines

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. In this case, the patient was prescribed Flurazepam since February 2014. The patient was also on Lorazepam and clonazepam. However, there was no documented functional improvement from medication use. Moreover, there was no discussion concerning need for multiple Benzodiazepines in this case. Lastly, long-term use is not guideline recommended. Therefore, the request for Flurazepam 30 mg, #30 is not medically necessary.