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| Case Number: | CM14-0081952 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/25/2000 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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 Family Practice 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:

Injured worker is a 51 year old male with date of injury 01/25/2000. Injury is noted to low back and right shoulder from pushing a wheelbarrow. The diagnosis is lumbar post laminectomy syndrome left lumbar radiculopathy and chronic pain syndrome with chronic opioid tolerance. Medical treatment has included physical therapy, lumbar laminectomy, medications and psychology visits. The claimants previous lumbar surgery in 2002 included laminectomy at L1-2, L2-3, L3-4, L4-5 with transitional L5 segment. Medications as of 03/05/14 included Oxycontin, Norco, Zanaflex, Lorazepam, Buspirone, and Flurazepam. This request is for flurazepam 30 mg # 30 1 at bedtime to allow patient one refill for the purpose of weaning to discontinue with reduction of 10 % over period of 2-3 months. This request was non certified previously on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30 mg #30 sig one tab at bedtime. Refill x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurazepam (Dalmane).

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

Decision rationale: According to page 24 of the 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. Tolerance develops with long-term use. In this case, the request is not reasonable.