

Case Number:	CM14-0152112		
Date Assigned:	09/22/2014	Date of Injury:	01/25/2000
Decision Date:	11/07/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Management and Rehabilitation, 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 51 year-old patient sustained an injury to the right shoulder and lower back on 1/25/2000 from pushing a wheelbarrow while employed by [REDACTED]. Request(s) under consideration include Flurazepam 30mg 1 Q HS #30. Diagnoses include left lumbar radiculopathy s/p post-laminectomy syndrome; chronic pain syndrome; psychotherapy, and chronic opioid tolerance. Conservative care has included medications, therapy, and modified activities/rest. There have been multiple peer reviews on 2/16/14, 4/30/14, and 7/31/14 had modifications for weaning and non-certifications for lorazepam and flurazepam which were noted to be prescribed for sleeping and anxiety. The patient continues to treat for chronic pain symptoms of the shoulder and low back with unchanged clinical findings for chronic injury of 2000. Medications per provider on 8/20/14 report listed Adderall, Bupropion, Carisoprodol, Clonazepam, Cymbalta, Flurazepam, Hydrocodone, Lunesta, Megestrol, Norco, and Oxycodone. Report noted patient with unchanged inability to fall asleep and has anxiety with continued chronic pain. The request(s) for Flurazepam 30mg 1 Q HS #30 was modified for weaning on 8/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg 1 Q HS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines, page 669

Decision rationale: This 51 year-old patient sustained an injury to the right shoulder and lower back on 1/25/2000 from pushing a wheelbarrow while employed by [REDACTED]. Request(s) under consideration include Flurazepam 30mg 1 Q HS #30. Diagnoses include left lumbar radiculopathy s/p post-laminectomy syndrome; chronic pain syndrome; psychotherapy, and chronic opioid tolerance. Conservative care has included medications, therapy, and modified activities/rest. There have been multiple peer reviews on 2/16/14, 4/30/14, and 7/31/14 had modifications for weaning and non-certifications for lorazepam and flurazepam which were noted to be prescribed for sleeping and anxiety. The patient continues to treat for chronic pain symptoms of the shoulder and low back with unchanged clinical findings for chronic injury of 2000. Medications per provider on 8/20/14 report listed Adderall, Bupropion, Carisoprodol, Clonazepam, Cymbalta, Flurazepam, Hydrocodone, Lunesta, Megestrol, Norco, and Oxycodone. Report noted patient with unchanged inability to fall asleep and has anxiety with continued chronic pain. The request(s) for Flurazepam 30mg 1 Q HS #30 was modified for weaning on 8/28/14. Flurazepam is a hypnotic agent used for the treatment of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakening. Dalmane (flurazepam) can be used effectively in patients with recurring insomnia or poor sleeping habits, and in acute or chronic medical situations requiring restful sleep; however, since insomnia is often transient and intermittent, short-term use is usually sufficient as prolonged use of hypnotics is usually not indicated and should only be undertaken concomitantly with appropriate evaluation of efficacy and functional improvement not seen here. Submitted reports have not demonstrated any improved long-term symptoms or sustained functional outcome from treatment already rendered for this chronic 2000 injury. As an anti-anxiety medication in the benzodiazepine family, it inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Flurazepam 30mg 1 Q HS #30 is not medically necessary and appropriate.