

<b>Case Number:</b>	CM13-0049420		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/08/2001
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 physician 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 female patient with the date of injury of August 8, 2001. A utilization review determination dated October 16, 2013 recommends non-certification of Clorazepate 7.5mg, Qty: 30. The previous reviewing physician recommended non-certification of Clorazepate 7.5mg, Qty: 30 due to lack of evidence based guidelines support for chronic use of this medication, anxiety not specifically noted to be compensable under this claim, and evidence based guidelines support for the use of medication such as clorazepate with opioid medications. A Pain Medicine Re-Evaluation dated October 25, 2013 identifies Subjective Complaints of neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the bilateral lower extremities, lower extremity pain in the left hip, headache pain and pain on the back of the legs. Physical Exam identifies 16/18 fibro tender points. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Diagnoses include cervical radiculitis, lumbar radiculitis, anxiety, depression, atypical chest pain, recurrent UTI, and recurrent panic attacks. Treatment goals and objectives were developed with the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clorazepate 7.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition, McGraw Hill, 2006, and the Physician's Desk Reference

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines do not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The Guidelines additionally state a more appropriate treatment for anxiety disorder is an antidepressant. Within the medical information made available for review, there is no documentation that Clorazepate is intended for short-term use. There is no documentation identifying why Clorazepate is preferred over an antidepressant. In the absence of such documentation, the currently requested Clorazepate is not medically necessary.