

<b>Case Number:</b>	CM14-0046525		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/02/1999
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & 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:

The injured worker is a 64-year-old male who reported an unknown injury on 12/02/1999. On 09/16/2013, his complaints included low back pain radiating to the left lower extremity and neck pain radiating to the left upper extremity. His diagnoses included lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, cervical radiculopathy, cervical facet arthropathy, gastritis, medication-related dyspepsia, L2-3 annular tear, and right knee pain. It was noted that he had failed conservative treatments including drug therapy, activity modifications, and/or physical therapy, and was participating in a home exercise program. His medications included Cyclobenzaprine 10 mg. On 03/17/2014, Clorazepate 7.5 mg and Ibuprofen 800 mg were added to his regimen. The rationale for the Clorazepate stated that it was an anxiolytic/hypnotic sleep agent prescribed for chronic anxiety/insomnia. There was no request for authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clorazepate 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Anxiety medications in chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The request for Clorazepate 7.5 mg #60 is not medically necessary and appropriate. The California MTUS Guidelines do not recommend benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of benzodiazepines to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. Based on the submitted documentation, it is unclear how Clorazepate provided therapeutic benefits for this injured worker's lumbar, cervical, or knee pain. There is no quantifiable evidence of the efficacy of Clorazepate. This injured worker has been taking Clorazepate beyond the recommended 4 weeks allowable in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for Clorazepate 7.5 mg #60 is medically necessary.