

Case Number:	CM14-0169428		
Date Assigned:	10/17/2014	Date of Injury:	10/06/2003
Decision Date:	01/31/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 60 year old female that sustained a work related injury on 10/06/2003 when she fell from her desk chair after it had rolled out from under her. Treatments to date include pain medications, B12 injections for complaints of weakness and fatigue, and surgeries. Diagnosis includes chronic pain, iatrogenic opioid dependency, cervical radiculopathy, occipital neuralgia, status post cervical fusion, myalgia/myositis, chronic pain and dysphagia. Per the most updated progress report dated 09/10/2014, the injured worker reported pain in the neck that radiates to the bilateral upper extremities accompanied by numbness in the bilateral upper extremities, frequent and severe muscle spasm in the bilateral neck area that is burning sharp and throbbing. The pain was noted to be aggravated by activity, flexion/extension, and repetitive head motions and walking. Treatment plan includes Clorazepate (Tranxene) 7.5 mg #60. On 9/25/2014, Utilization Review denied the Clorazepate (Tranxene) 7.5 mg #60 noting the use of a benzodiazepine on a chronic basis is not supported and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate (Tranxene) 7.5 mg q 8 hrs #60: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 24 regarding benzodiazepines, "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation indicates that the injured worker was prescribed this medication for anxiety and insomnia. It is indicated that this medication was in use since 3/2014 through 9/2014, as it is not recommended for long-term use, the request is not medically necessary.