

<b>Case Number:</b>	CM15-0203572		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 63 year old male, who sustained an industrial injury on 11-27-96. The injured worker was diagnosed as having chronic low back pain, lumbar failed back surgery, and lumbar back pain with radiculopathy, myalgia, xerostomia, bilateral shoulder impingement syndrome, chronic anxiety, depression, and insomnia. Treatment to date has included medication such as Chlordiazepoxide HCL, Butrans, Fentanyl, Norco, Venlafaxine, Ambien, and Cymbalta. Physical examination findings on 9-28-15 included tenderness of bilateral posterior superior iliac spine and facets. The treating physician noted "crying, depressed, angry, anxious, and frustrated" in the mood assessment. The injured worker had been taking Chlordiazepoxide since at least October 2015. On 9-28-15, the injured worker complained of pain in bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees, and low back rated as 8 of 10. The treating physician requested authorization for Chlordiazepoxide HCL 10mg #60. On 10-6-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Chlordiazepoxide HCL 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chlordiazepoxide.

**Decision rationale:** CA MTUS is silent with regard to chlordiazepoxide. ODG Pain, Chlordiazepoxide this medication is "Not recommended". According to the CA Chronic Pain Medical Treatment Guidelines, page 24, 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore the request for Chlordiazepoxide is not medically necessary and is not medically necessary.