

<b>Case Number:</b>	CM15-0206857		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 61 year old female who sustained an industrial injury on 10-6-03. A review of the medical records indicates she is undergoing treatment for chronic pain, cervical radiculopathy, status post cervical spinal fusion, occipital neuralgia, iatrogenic opioid dependency, and dysphagia. Medical records (5-19-15, 6-9-15, 7-14-15, 8-11-15, and 9-8-15) indicate ongoing complaints of neck pain that radiates to bilateral upper extremities with numbness and muscle weakness. She also complains of low back pain that radiates to her bilateral lower extremities, ongoing headaches, insomnia, and constipation. She rates her pain "7-8 out of 10". She reports limitations in self-care and hygiene, activity, walking, hand function, and sleep. The physical exam (9-8-15) reveals spasm bilaterally in the cervical paraspinal muscles. Tenderness is noted in the cervical C4-7 spine. Tenderness to palpation is noted in the trapezius muscles bilaterally and bilateral paravertebral area at C4-7. Occipital tenderness is noted on palpation on the right side. Range of motion of the cervical spine is noted to be "moderate to severely limited due to pain". Pain was "significantly" increased with flexion, extension, and rotation. Spasm is noted in the bilateral paraspinal musculature of the lumbar spine. Tenderness to palpation is noted in the right paravertebral area at L3-5 levels. Pain is noted to be "significantly" increased with flexion and extension. The motor exam reveals decreased strength of the extensor muscles along the L4-S1 dermatome in bilateral lower extremities. Treatment has included a home exercise program and medications. Her medications include Clonidine, Clorazepate, Fioricet, Gabapentin, Lidoderm patches, Percocet, Senokot-S, Tizanidine, and Vitamin D. She has been receiving Clorazepate since, at least, 3-25-

15. The utilization review (9-22-15) includes a request for authorization of Clorazepate 7.5mg #60 with no refills. The request was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Clorazepate 7.5mg #60:** 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 rationale:** MTUS states, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clorazepate on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clorazepate 7.5mg #60 is excessive and not medically necessary.