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| <b>Case Number:</b>   | CM15-0098220 |                              |            |
| <b>Date Assigned:</b> | 05/29/2015   | <b>Date of Injury:</b>       | 02/06/2003 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 04/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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 60 year old male, who sustained an industrial injury on 2/6/03. He reported injuries to his neck, left arm, back and left lower extremity. The injured worker was diagnosed as having degenerative disc disease and facet arthropathy of lumbar spine, status post microlumbar decompressive surgery bilaterally, multilevel severe neural foraminal narrowing of lumbar spine, left side numbness, lumbar radiculopathy, left knee pain and derivative injury to right toes. Treatment to date has included transforaminal epidural injection, oral pain medications including opioids, acupuncture, chiropractic treatment, home exercise program and Orthovisc injection to bilateral knees. (EMG) Electromyogram studies of lower extremities and (MRI) magnetic resonance imaging of lumbar spine were performed. Currently, the injured worker complains of neck pain with radiation down the bilateral lower extremities, pain in bilateral knees and feet and pain in left rib area. He rates his pain as 9/10 with medications and 10/10 without medications. He is not working. Physical exam noted severely antalgic gait, decreased range of motion and diffuse tenderness to lumbar spine; decreased sensation to C5-8 on left, decreased sensation of right L5, left L4, 5 and S1 dermatomes and pain in range of motion of left knee. The treatment plan included renewal of Soma, Tranxene, Neurontin, Vicodin and Anaprox, Protonix, Senokot, vitamin D, Zolpidem and Bupropion ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clorazepate (Tranzene) 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Clorazepate, Benzodiazepines, Opioids for Chronic Pain, Mental Illness & Stress, Sedative hypnotics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepines, Weaning of medications Page(s): 24, 124.

**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 Chlorazepate on an ongoing basis with no documented plan of taper by the treating provider although it has been recommended by the UR physician. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clorazepate (Tranzene) 7.5mg #60 is excessive and not medically necessary.