Workers' Comp

# Ask The Pharmacist: Managing Benzodiazepine Tapering in Injury Claims

September 2, 2025
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**How can safer benzodiazepine tapering improve recovery?**

Benzodiazepines (BZDs) are frequently prescribed for anxiety, insomnia and muscle spasms—conditions that often follow workplace injuries or motor vehicle accidents. But prolonged BZD use can disrupt recovery and delay return to function. That's why careful, proactive management is essential.

New guidance from a multidisciplinary group led by the American Society of Addiction Medicine (ASAM) offers timely direction for managing workers' compensation and auto injury claims. The Joint Clinical Practice Guideline on Benzodiazepine Tapering outlines best practices to reduce long-term use of these medications.

Some commonly prescribed BZDs include:

- Alprazolam (Xanax)—typically for anxiety
- Clonazepam (Klonopin)—used for anxiety and seizures
- Diazepam (Valium)—for anxiety, muscle spasms and seizures
- Lorazepam (Ativan)—for anxiety and insomnia
- Temazepam (Restoril)—primarily for insomnia

#### Why BZD Use Matters in Injury Claims

For claims professionals, benzodiazepine use raises several concerns. These medications increase the risk of falls, motor vehicle accidents and workplace injuries. They can impair cognitive function, affecting an individual's ability to drive, perform job duties and manage daily activities. Even at prescribed doses, BZDs can

lead to physical dependence, and when used with opioids, the risks escalate. Long-term use is also associated with extended disability durations and a lower likelihood of return to work, particularly for safety-sensitive roles.

#### Tapering Best Practices to Inform Claim Oversight

1. **Regular Risk-Benefit Assessment:** Claims involving BZDs should include reassessment at least every three months to evaluate if continued use is appropriate.
2. **Avoid Abrupt Discontinuation:** Never stop BZDs suddenly in individuals who may be physically dependent. Withdrawal can include severe symptoms, even seizures.
3. **Gradual Tapering Approach:** When tapering is indicated, reduce doses by 5 to 10% every two to four weeks. Do not exceed a 25% reduction every two weeks. Long-term users may require slower adjustments.
4. **Individualized Tapering Plans:** Tailor strategies to each individual and adjust the taper based on their response.
5. **Adjunctive Interventions:** Cognitive behavioral therapy and similar non-drug interventions should support the taper. These help manage original symptoms and ease the withdrawal process.
6. **Special Attention to Co-Prescribed Opioids:** Individuals using both BZDs and opioids need closer monitoring and access to naloxone due to increased risk for respiratory depression.

#### What Adjusters Should Watch For

Adjusters need to set realistic expectations. Tapering off BZDs can take several months or even years, especially for high-dose or long-term users. Temporary withdrawal symptoms may affect an individual's ability to work or perform daily tasks. Coordination among providers is critical to maintaining consistent care and quickly addressing concerns.

Claims teams should consider coverage for evidence-based alternatives like physical therapy or behavioral health support. Functional assessments during the tapering process can help determine readiness to return to work or driving. Educating injured individuals on what to expect from the taper can also improve adherence and outcomes.

The guideline acknowledges the complexity of implementing these practices, especially given the number of patients who may benefit and limitations in provider availability. In the context of workers' compensation and auto claims, prioritize cases where BZD use poses a clear barrier to recovery and return to function.

Managing BZD use carefully improves recovery, supports safer return to work and driving and reduces claim complexity. With thoughtful tapering plans, you can help injured employees and accident claimants avoid the pitfalls of long-term BZD use while addressing their underlying needs. That's a win for injured individuals, payers and adjusters alike.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional such as the prescribing doctor or dispensing pharmacist.

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