

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medications for right upper extremity Clonazepam 1 mg for anxiety one and a half tablets by mouth every eight hours as needed

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Doctor of Medicine (M.D.)
Board Certified in Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters, 6/14/10, 6/23/10
Centers 1/28/10, 2/25/10, 4/29/10,
6/24/10
, 6/29/10, 6/28/10, 6/9/10, 6/23/10, 3/26/10
Notes, 2/7/97-7/2/10
MD, 10/31/07
Transaction History

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female with an injury date of xx/xx/xx. Records indicate she was struck her against the right wrist. She has chronic regional pain syndrome from upper extremity RSD. This has been treated extensively in the past with injections, stellate ganglion blocks x 48, SCS trial (unsuccessful), acupuncture, physical therapy, and psychotherapy. The patient is being prescribed narcotics and benzodiazepines, including Maxalt, Lyrica, Clonazepam, Ibuprofen, Pepcid and Norco. Peer review dated October 31, 2007 states that there is no supporting evidence for the need of Clonazepam, and recommends that "Clonazepam be tapered over the next eight to twelve weeks." There is no documentation showing a weaning trial in this patient. The provider in this case states the following in a note dated 6/24/10: "The physician advisor claims that clonazepam is not in the Official Disability Guidelines. I would like to remind the physician advisor one more time, that is why we go to medical school and that guidelines are just that, guidelines, and we cannot take them as the last word when it comes to treat injured patients."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient has chronic regional pain syndrome from upper extremity RSD. Benzodiazepines (including Clonazepam) are not indicated for the treatment of RSD. In addition, the drug is absolutely not recommended for chronic use as per ODG. One note states that the patient has been taking this drug for 13 years. The request does not conform to the ODG guidelines, which are statutorily mandated in the state of Texas. No compelling reason has been given by the provider in this case as to why specifically the ODG should not be followed in this particular individual's case. The reviewer finds that there is no medical necessity for Medications for right upper extremity Clonazepam 1 mg for anxiety one and a half tablets by mouth every eight hours as needed.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)