

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Valium 5mg tabs #90

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Neurological 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that this request for Valium 5mg tabs #90 does not meet Official Disability Guidelines and therefore, is not recommended as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO dated 01/07/13  
Receipt of request for IRO dated 01/08/13  
Utilization review determination dated 12/03/12  
Utilization review determination dated 12/19/12  
Clinical note dated 10/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male who is reported to have sustained injuries to his low back on xx/xx/xx. The claimant is reported to have been involved in a single-vehicle motor vehicle accident which resulted in compression fractures at L3 and L4. The claimant was subsequently taken to surgery on 05/07/12. At that time, he is reported to have undergone a L4 corpectomy, plating of L3-L5, and a posterior decompression and fusion from L2-S1 performed on 05/08/12.

A single clinical note from dated 10/17/12 was submitted. It is reported that the claimant is experiencing severe low back pain that radiates to his right hip. He complains of numbness in the right hip and tailbone area. He is noted to have bilateral lower extremity deconditioning and weakness. He is noted to have been capable of decreasing his PO medications and no longer takes MS Contin. He is reported to be increasing activity and is eager to begin weightlifting. He reports severe right hip pain without lower extremity radiculopathy. On physical examination, he is noted to be 6' 1" tall and 160 lbs. His physical examination is grossly unremarkable. Motor strength, sensation, and reflexes are all intact. He is noted to be alert and have a normal affect. Radiographs dated 10/12/12 are reported to demonstrate post-surgical changes with appropriate anatomic alignment and positioning of hardware with

progressive arthrodesis. He was given a refill of Lortab 10/500mg. There was discussion regarding removal of a bone stimulator.

The initial request was reviewed on 12/03/12. non-certified the request, noting that Official Disability Guidelines do not recommend the use of Benzodiazepines for long-term treatment. He notes that it is unclear as to how long the claimant has used Valium in the past but the prescription is for 3x daily for 3 months. He notes that this is well beyond the Official Disability Guidelines recommendations. He further notes that it is unclear as to what is being treated as there is no documentation of muscle spasm.

The appeal request was reviewed on 12/19/12. that Benzodiazepines are not recommended for long-term use as the long-term efficacy is unproven and as there is a risk of dependence. He notes that most guidelines limit their use to 4 weeks. He further notes that Valium is not recommended by Official Disability Guidelines. He reports that various reasons for non-certification remain unaddressed and that additional medical information was not provided in the context of this appeal request. He subsequently non-certified the appeal request.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The submitted clinical records consist of a single note which indicates that the claimant is status post corpectomy and fusion with developing consolidation of the fusion mass. The claimant continues to have subjective complaints of back pain with radiation to the right hip consistent with his surgical history. The claimant has no obvious deficits on physical examination. He is further noted to have a normal affect. The clinical records failed to provide any objective documentation which would establish medical necessity for the use of a Benzodiazepine. Further, the request suggests long-term use which is not supported by the Official Disability Guidelines. In the absence of information to the contrary, it is the opinion of the reviewer that this request for Valium 5mg tabs #90 does not meet Official Disability Guidelines and therefore, is not recommended as medically necessary.

**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)