

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Apr/22/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Fluoxetine HCl 40mg Caps (Fluoxetine HCl) Twice Daily #60 X 2

Alprazolam 1mg tabs (Alprazolam) 5-1 Q8-12 hours #60 X 2

Androgel Pump 20.25mg/act (1.62 percent) Gel (testosterone) 2 Pumps QD #1 bottle X 2

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

Board Certified PM&R

### 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)

Alprazolam 1mg tabs (Alprazolam) 5-1 Q8-12 hours #60 X 2 Upheld NOT MEDICALLY NECESSARY

Androgel Pump 20.25mg/act (1.62 percent) Gel (testosterone) 2 Pumps QD #1 bottle X 2 Upheld NOT MEDICALLY NECESSARY

Fluoxetine HCl 40mg Caps (Fluoxetine HCl) Twice Daily #60 X 2 Overturned IS MEDICALLY NECESSARY

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a reported date of injury of xx/xx/xx. He was reportedly injured when he fell to the ground, and sustained bilateral ankle fracture, bilateral wrist fractures, 2-3 level vertebral fractures, and a closed head injury. He has undergone surgical intervention to repair injuries and has ongoing pain. The request for Fluoxetine HCL 40mg caps twice daily #60 x 2, Alprazolam 1mg tabs, .5-1mg Q 8-12 hours, #60 x 2, Androgel pump 20.25mg/act (1.62%) gel, (testosterone) 2 pumps Q day, #1 bottle x 2 was previously denied due to lack of documentation regarding recent free testosterone levels to support use of Androgel, lack of records from the physician who was treating the patient for anxiety and depression symptoms, and lack of clarification of the functional benefits with the continuing use of Fluoxetine. The alprazolam was denied because of the guidelines indicating

benzodiazepines are not recommended for long term use as their efficacy is unproven in the relevant clinical literature. The denial was supported on appeal. The appeal review decision states that the alprazolam denial was again based on the guidelines indicating that benzodiazepines are not recommend for long term use as their efficacy is unproven in relevant clinical literature and there is a risk of psychological and physical dependence or frank addiction. The Androgel denial was upheld due to lack of documentation of recent free testosterone levels to support the continued use of Androgel. The Fluoxetine denial was upheld on appeal because the reasons for the necessity of the medication were not substantiated, as the guidelines do not recommend Prozac (fluoxetine) for the treatment of chronic pain.

There is a letter dated 04/01/14 which states that the claimant did sustain several fractures from the injury that left him with chronic low back and ankle pain. His injury also involved a closed head injury and he has been treated by a psychologist for his depression and anxiety. He has completed neuropsychological rehabilitation as well. He is reportedly receiving benefit from Fluoxetine 80mg per day for his depression and anxiety. A lower dose had been tried; however, it resulted in worsening of his symptoms. in his letter notes that this was not prescribed for chronic pain but rather for his depression and anxiety associated with his closed head injury. His mood is closely evaluated at each visit. notes that OxyContin was discontinued because it was denied, resulting in an increase in anxiety. Claimant was transitioned to Oxycodone/APAP 10/325 which is reportedly effective at controlling his chronic pain. letter does not specifically address the use of alprazolam. He notes that the claimant will be sent for testosterone levels in order to address the use of Androgel. In the clinical note of 04/01/14, it is noted that the claimant will now refill his alprazolam under Medicare and will continue to use it on a PRN basis as it has been helpful for his anxiety. It is noted that the claimant reports improvement in his energy level and libido with Androgel and he would be sent for lab work to include testosterone levels, however there are no lab results provided in the clinical information submitted for review.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Because there were no lab results submitted for review of recent testosterone levels, there is no clinical objective evidence to support a diagnosis of hypogonadism, and the continued use of Androgel cannot be recommended. As for the alprazolam, the long-term use of benzodiazepines is not recommended as their efficacy is unproven in the relevant clinical literature. As such, it is this reviewer's opinion that the medical necessity of the Androgel and the alprazolam has not been established and the prior denials for these are upheld.

It is noted in the appeal letter and clinical notes that the Fluoxetine is being used for depression and anxiety related to the claimant's head injury. The clinical note of 04/01/14 reports that his depression and anxiety have improved on this medication. In the impression, claimant is given a diagnosis of depression (ICD 311) and anxiety state, unspecified (ICD 300.00). The physical examination notes that the claimant is alert and oriented and mild anxiety is noted. Because the additional information submitted documents that the Fluoxetine is being used for depression and anxiety related to the claimant's closed head injury, it is this reviewer's opinion that the medical necessity of Fluoxetine has been established based on this additional information submitted and the prior denial is overturned.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES