

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Klonopin 1mg PO TID 90 x 6 refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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 this reviewer's opinion that the medical necessity of Klonopin 1mg PO TID 90 x 6 refills has not been established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male who was reportedly involved in a work related injury of xx/xx/xx. He reports injury to the upper right extremity. He has reportedly undergone extensive physical therapy and medication management. He has been participating in pain management and functional restoration at Pride. In the most recent clinical note available dated 01/15/14, it is noted that review of medical records note no specific diagnosis. Imaging of the right shoulder joint was reportedly normal. At the time of the visit, symptoms of PTSD (post-traumatic stress disorder) were discussed with claimant. The claimant reports he is still having occasional flashbacks, he continues with some depression, but overall the level is stable and he does not have severe suicidal ideation. His current medications are noted to be Klonopin, Voltaren gel, Wellbutrin SR, Nucynta, Protonix, Depakote, Prosom, Ativan, Skelaxin, and Benadryl. It is noted that past medications included Prozac which resulted in increased suicidal ideation and Seroquel which he did not tolerate and it caused increased suicidal ideation as well. Physical examination revealed the patient's affect to be good. The muscles were noted to have decreased bulk along the right scapular region. Motor strength was decreased throughout the right shoulder stabilizer muscles and he cannot raise his arm to 90 degrees. The right scapula was noted to be positioned lower than the left. The claimant is noted to have significant scapular winging when he flexes his arm to 80 degrees. He has focal pain noted over the right rhomboid. The claimant was instructed on how to stretch and handle this pain at home. The diagnosis was tear of the serratus anterior muscle resulting in instability of the scapula, chronic pain right shoulder region, and significant anxiety and depression related to the right shoulder pain and inability to return to work.

It is also noted that he is status post recent increase in his depression which required hospitalization. Recommendations included continuing Wellbutrin for depression and

Klonopin for anxiety. It was noted that a short acting agent would be added as well. The claimant was noted to have a negative drug screen and is stabilized on his dosage of Wellbutrin. Nucynta was added to help pain levels during the day and was increased up to 6 pills per day. Savella was stopped because it may be causing sweating and Lexapro was started; however, it is noted that the Lexapro was not helping so Prozac was started and the Wellbutrin was increased. It was also noted that the claimant would continue medications as recommended by the psychiatrist which included Wellbutrin, Klonopin, Seroquel, Depakote, Prosom, Protonix, and Nucynta. It was noted that the claimant had been previously referred to a neuropsychologist due to trouble with concentration, memory, and problem solving, however he did not go because of increased episodes of depression with suicidal ideation.

In a utilization review letter dated 02/26/14, a request for Klonopin 1mg, 3 times daily, #90 with 6 refills was not recommended as medically necessary. It was noted that per current evidence based guidelines, benzodiazepines are not recommended for long term use as their efficacy is unproven in the relevant clinical literature. In another utilization review letter dated 03/17/14, the Klonopin was also denied due to guidelines stating that benzodiazepines are not recommended for long term use because their long term efficacy is unproven and there was a risk of psychological and physical dependence or Frank addiction.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Based on the clinical documentation submitted, the use of Klonopin 1 mg, 3 times daily, #90 does not appear indicated. The most recent clinical note is from 01/15/14 and in that note it is stated that claimant is taking Klonopin for anxiety. There are no more recent clinical notes provided for review. There is mention in the clinical note of 01/15/14 that Klonopin had been recommended by a psychiatrist, however there are no notes available from a psychiatric provider. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addictions. Most guidelines limit use to a 4 week period. As such, it is this reviewer's opinion that the medical necessity of Klonopin 1mg PO TID 90 x 6 refills has not been established and the prior denials are upheld.

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)