

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Clonazepam .5mg #30 tablets BID and Temazepam 30mg #30 capsules hs prn for 3 months

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

Psychiatry

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male injured on xx/xx/xx when involved in a motor vehicle collision resulting in subdural hematomas with concurrent use of Coumadin in addition to left hand fractures. The patient has been diagnosed with chronic headaches, insomnia, and depression. The documentation indicates the patient additionally had difficulty with memory deficits which has improved following the initial injury. The clinical note dated 09/16/10 indicates the patient presented complaining of difficulty sleeping, mild depression, and increased anxiety. It was noted the patient discontinued Darvocet due to medication recall and experienced increased pain. It is noted the patient has had limited psychiatric symptoms which have improved over the past year and has responded well to the medication regimen. Current medications include Invega 6mg QD, Klonopin 0.5mg BID, Cymbalta 60mg QD, and Temazepam 30mg QHS. The clinical note dated 10/04/11 indicates the patient reported frequent mood swings and irritability. The documentation indicates Cymbalta was not approved and the patient is showing increased depressive symptoms and erratic sleep patterns. Medications include Pristiq 50mg, Saphris 5mg QHS, Temazepam 30mg QHS, and Clonazepam 0.5mg BID. The clinical note dated 05/08/12 indicates the patient showing decreased signs of depression with increased activity. The patient is being compliant with the medication regimen to include Pristiq, Temazepam, and Clonazepam. The patient does report having increased nightmares with a recent fall out of bed. The clinical note dated 09/04/12 indicates the patient underwent right upper extremity surgery with continued pain. It is also noted the patient continues to have increased cervical spine pain requiring surgical intervention. The patient reported increased anxiety and depression treated with Pristiq, Temazepam, and Clonazepam. The clinical note dated 02/22/13 indicates the patient reported difficulty swallowing and choking

with eating. Additionally, the patient reports bilateral lower extremity swelling. The patient underwent cervical spine surgery in September of 2012 in addition to corrective surgery for hernia repair in July of 2013. The patient reports increased depression and anxiety and an inability to sleep in bed due to hernia. There were no changes made in the medication regimen. The clinical note dated 05/06/13 indicates the patient required 82 day intensive care admission resulting in a 54 lb. weight loss secondary to abdominal infection. The patient required tracheostomy resulting in increased depression and anxiety. Current medications include Pristiq 50mg QD, Temazepam 15mg BID, and Clonazepam 0.5mg BID PRN. The clinical note dated 01/08/14 indicates the patient presented complaining of constant pain, anxiety, and mild depression. The documentation indicates the patient is not actively suicidal. The patient reports depression is under control with the current medication regimen. The patient experiences anxiety due to pain. The clinical note dated 07/23/14 indicates the patient reported increased frustration and irritability. The patient noted increased anxiety and discussed coping methods. It is noted the patient's depression is under control with the current medications and has had some anxiety due to pain and feelings of isolation. There was no change to the current medication regimen which includes Pristiq 50mg QD, Temazepam 30mg QHS, and Clonazepam 0.5mg BID PRN. The independent medical evaluation performed on 06/18/14 indicates current medications Pristiq, Clonazepam, and Temazepam were not appropriate for his injury at that time. It was also opined that those medications could be discontinued and further prescribing should be under the auspices of the patient's pulmonologist or internist.

The utilization review dated 08/05/14 resulted in a denial for Clonazepam 0.5mg #30 tablets BID and Temazepam 30mg #30 capsules HS PRN for 3 months based on the recommendation for the independent medical evaluation by Dr. MD on 06/18/14 indicating the patient's current medication regimen to include Pristiq, Clonazepam, and Temazepam were not appropriate for his injuries at that time. It also noted this medication should be discontinued and further prescribing should be under the offices of his pulmonologist or internist.

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

As noted in current guidelines, Benzodiazepines are not recommended for long term use due to the lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedatives/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. It is noted in the clinical documentation that the patient continued to complain of anxiety in the presence of chronic medication use indicating a lack of efficacy. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. More appropriate treatment for anxiety disorder is an antidepressant. It was apparent from the documentation that the patient exceeded the 4 week treatment window. Based on current evidence based guidelines, the request for Clonazepam 0.5mg #30 tablets BID and Temazepam 30mg #30 capsules HS PRN for 3 months cannot be 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)