

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number

Date of Notice: 07/05/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

Klonopin 0.5 milligrams, one tablet by mouth at bedtime for sleep, quantity of 30 for a 30 day supply for the lower back

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)

Patient Clinical History (Summary)

The patient is a female who presented to the clinic for an evaluation of low back pain. The patient rated her pain at a 6/10. The patient indicated this is not improving as compared to a previous visit. The patient also indicated she is waiting on approval for surgery and needs a psych evaluation. The patient does not want to continue with amitriptyline and wants to utilize Klonopin. The examination revealed an alert and oriented person with a normal mood. The impression was low back pain. The patient was recommended to followup in 3 months and continue with gabapentin and switch to Klonopin 0.5 mg at bedtime. A Letter of Medical Necessity was submitted indicating the patient has been utilizing Klonopin once per night for the work related injury to relieve pain and help sleep. The patient had previously tried amitriptyline, however recalled side effects making her feel sick.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The current recommendations for the use of this medication would be for a short term treatment duration, as this medication is a benzodiazepine. Benzodiazepines are not recommended for long term use and long term efficacy at this time is unproven. Additionally, there is a risk of psychological and physical dependence. It is noted that if the medication is prescribed, the provider and payor agree that authorization after a 1 month period should include specific necessity for ongoing use as well as documentation of efficacy. The standard of care and guidelines recommend that non medication measures such as sleep hygiene , behavioral modifications etc and other causes of insomnia be evaluated before chronic utilization of sleep medications. The records did not show complete evaluation. Addictive Medications cannot be dictated per patient preference. Then non benzodiazepines such as Zolpidem are recommended when sleep medications are necessary because of less side effects compared to benzodiazepines. The submitted documentation indicates that the patient was prescribed a 30 day supply of this medication; however, documentation submitted also indicates that the patient has utilized this medication for a previous treatment. Given that there is no indication of efficacy with the previous treatment and no extenuating circumstances that would warrant the

need to continue treatment with this medication, as the use of a benzodiazepine again is not recommended for longer than 2 to 4 weeks, the denial of Klonopin 0.5 mg 1 tablet by mouth at bedtime for sleep, quantity of 30 for a 30 day supply lower back remains upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)