

True Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 2/16/2018 2:38:22 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Risperidone 0.25 mg Tablets #90 with 1 refill and Clonazepam 0.5 mg tablet #180 with 0 refills

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case includes XXXX with a history of an occupational claim from XXXX. The mechanism of injury was described as XXXX, when XXXX felt severe pain in the low back. XXXX was diagnosed with anxiety, depression, and status post revision left total hip replacement. A letter of medical necessity dated XXXX indicated that the patient had severe anxiety regarding the XXXX, and the medication was noted to be helpful with calming XXXX. XXXX also had depression with psychotic symptoms as a medical emergency, and the symptoms were well controlled with Risperdal. The expected duration of pharmacological therapy was 12 months. The treatment plan included refills of risperidone and clonazepam. These requests were previously denied due to a lack of guideline support for the use of atypical antipsychotics, and a lack of objective clinical findings to support the requests.

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

Regarding the request for risperidone, the Official Disability Guidelines do not support the use of atypical antipsychotics such as risperidone as monotherapy. However, they may be used as an adjunct to an antidepressant, although there is minimal information to support efficacy. In this case, the submitted documentation indicated that the patient had depression with psychotic symptomology, which was well-controlled with risperidone. However, there was a lack of documentation regarding objective findings in terms of efficacy of the requested risperidone, in the absence of guideline support for use. Certain medications should not be discontinued abruptly. However, per Texas regulations, a partial certification for weaning cannot be made without peer to peer discussion. Therefore, Risperidone 0.25mg tablets #90 with 1 refill is non-certified. Regarding the request for clonazepam, the Official

Disability Guidelines indicate that benzodiazepines are not recommended for long-term use. In this case, the patient had a history of anxiety, which was being controlled by clonazepam. However, there was evidence of chronic use, and minimal recent findings indicative of objective efficacy to support the request. Certain medications should not be discontinued abruptly. However, per Texas regulations, a partial certification for weaning cannot be made without peer to peer discussion. Therefore, Clonazepam 0.5mg tablet #180 with 0 refills is non-certified. Non-certification of any drug reviewed under this request for authorization does not imply that immediate cessation of the drug should occur unless it is medically safe and advisable and a tapering program could be considered to avoid withdrawal symptoms.

Therefore, the request for medications is not medically necessary and the decision is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Mental Illness and Stress, Atypical antipsychotics