

# IRO Express Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT

Date: 4/16/2018 3:42:36 PM CST

IRO CASE #: XXXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XX XX and 2 hs #270 (tablets) Seventy Day Supply 90 CPT

**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:

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XX. The current diagnosis is documented as anxiety disorder unspecified; major depressive disorder. During the assessment on XXXX, the patient reported continued improvement/maintenance with current level of functioning. The patient reported that XX depression was well controlled, with no active complaints. It was noted that the use of XX was being prescribed to treat anxiety symptoms, which could be a complication of the patient's past history of head injury. It was noted that the patient's anxiety symptoms were well controlled with XX dose and the patient did not abuse XX medication. During the physical examination, the patient had direct eye contact. The patient's recent and remote memory was within normal limits. An office note dated XXXX indicated that weaning and discontinuation of XX have been attempted in different times and only resulted in very adverse actions and behaviors. The patient was noted to be placed back on the medication as requested by XX, who is XX to maintain XX in a nonviolent state of mind and reduce XX high level of anxiety. It was noted that the medication is medically necessary due to the chemical imbalance neurotransmitters in the brain caused by multi-trauma to the head. It was noted that the patient had been prescribed XX for the treatment of anxiety, rage and outbursts since XXXX. It was noted that alternative treatments have been tried in the past, without success and the medication was necessary treatment for the patient.

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

The Official Disability Guidelines do not recommend benzodiazepines for long-term use a risk of psychological and physical dependence or frank addiction. Most guidelines limited us to 4 weeks. The office note dated XXXX confirmed that the patient had been using the medication since XXXX for treatment of anxiety, rage and outbursts. In this case, patient has a severe brain injury and is prone to outbursts of rage and anxiety. An attempt to wean this patient from this medication has resulted in severe adverse effects including an assault on XX. The danger of discontinuation outweighs the risk of dependence.

Given the information provided for review, the request is medically necessary, and the prior determination has been

overturned.

**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 & Stress, Benzodiazepine