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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/31/2016

Review Outcome:

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

Pain Management And Emergency Medicine

Description of the service or services in dispute:

POS Hydroco/APAP Tab 10-325mg Day supply:22 Qty: 130 Refills:00
Methadone Tab 10mg Day supply:30 Qty 60 Refills: 00

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 male with a reported date of injury of XX/XX/XX. The patient was seen on XX/XX/XX in the emergency department for shortness of breath. The documentation does not include any type of subjective or objective information. It is noted that the patient was recommended to continue care with a primary physician. There is also a urine toxicology screen available for review dated XX/XX/XX revealing positive for hydrocodone and Embeda. The request was made for hydrocodone/APAP and methadone.

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

The submitted documentation does not provide any type of subjective or objective medical documentation. There is an emergency department discharge instruction note indicating the patient was seen for shortness of breath; however, there is no subjective or objective information within the provided documentation. There is a urine drug screen available for review; however, there are no other visits with information available for review. Given that the submitted documentation lacks the criteria needed for justification of the requested medications, the denial of POS Hydroco/APAP Tab 10-325mg Day supply:22 Qty: 130 Refills:00 and Methadone Tab 10mg Day supply:30 Qty 60 Refills: 00 is upheld.

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- 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)