

True Decisions Inc.

An Independent Review Organization

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Date: 9/4/2018 3:35:19 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XXXX

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

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 XXXX with history of an occupational claim from a XXXX. The mechanism of injury is detailed XXXX. The pertinent prior treatments included medications. The patient has been utilizing XX medications along with medications for XX for at least 6 months. The physician documentation of XXXX revealed the current medications included XXXX. The patient's pain without medication was 10/10 and with medication was 4/10. The patient was able to perform activities of daily living. The diagnoses included XX strain, and sprain of the knee. The physician requested XXXX. The documentation supplied for review included XX drug screening that was appropriate, within the past 3 months. The medication XXXX was denied as there was a lack of documentation indicating the patient had undergone XX drug screening. The physician letter of XXXX revealed the patient had been utilizing XXXX. Because of this, the patient was experiencing drug-induced XX. The patient had trialed and failed XXXX, along with other over-the-counter XX and XX XX such as XXXX. The patient reported relief from XX

with the use of XXXX. Therefore, the physician was requesting a continuation of the medication.

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

The Official Disability Guidelines indicate that ongoing XX use is appropriate when there is documentation of objective functional improvement, objective pain relief and when the patient is being monitored for potentially aberrant or non-adherent drug related behavior. Additionally, the guidelines recommend the prophylactic use of medications for XX for patients who are treated with XX and sustained for as long as needed. The documentation that was supplied for review indicated the patient had adequate pain relief and adequate functional improvement with use of the medications. The patient was being monitored for potentially aberrant or non-adherent drug related behavior.

Therefore, the requested medications, XXXX are medically necessary in the prior determination has been overturned.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Pain Chapter,