



**MEDICAL EVALUATORS  
OF T E X A S ASO, LLC.**

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
800-845-8982 FAX: 713-583-5943

**DATE OF REVIEW:** February 20, 2019

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

XX HCL TAB XXMG, QTY: XX, DS: XX

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO  
REVIEWED THE DECISION**

This case was reviewed by a physician board certified in Occupational Medicine who is currently licensed and practicing in the State of Texas. The reviewer is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

**REVIEW OUTCOME**

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

Overturned

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX-year-old XX who was injured on XX sustaining a XX-XX XX fracture. According to letter dated XX by XX, the XX XX fracture went untreated until it was discovered on MRI performed on XX. XX further noted that as a sequel to the injury that occurred on XX, the claimant developed XX and was treated with XX and XX because the claimant was unable to take daily NSAIDS secondary to side effects.

Handwritten note (not completely legible) dated XX by XX from XX documented the claimant was still having pain, soreness, and stiffness. XX noted that the claimant reported pain severity of 1/10 and was not working at that time but was doing "well overall." The claimant was diagnosed with XX contusion and XX XX sprain/strain. XX prescribed XX. DWC073 form dated XX by XX revealed the claimant was able to return to work at that time with no restrictions from XX.

Prior UR letter from XX dated XX denied the request for coverage of XX XXTAB XXMG, QTY: XX, DS XX as not medically necessary based on treatment guidelines for the Texas Department of Insurance Division of Workers' Compensation Official Disability Guidelines.

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

The Official Disability Guidelines (ODG) and ACOEM (American College of Occupational & Environmental Medicine) were consulted in making determination on the request for a prescription medication XX XXTAB XXMG, QTY: XX, DS XX written in XX.



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The medical records submitted documented that the claimant is a XX-year-old XX who sustained a XX fracture approximately XX years prior and has intermittent pain, scaled 1/10, for which the claimant apparently finds complete relief with XX XX XXmg. The claimant had returned to work, full duty, after the injury but retired in XX. The claimant is XX XX employed but remains active. Apparently, the claimant had been dealing with the intermittent pain since the fracture, through periodic usage of XX and an NSAID (XX) which XX can no longer take due to unspecified side effects. Relevant clinical findings: No apparent activity restrictions, pain level 1/10 and apparently 0/10 with “judicious use” of XX. There is no information concerning how often the claimant must resort to taking the XX to relieve the pain or any other modalities which have been tried and failed leaving XX as the only solution. There is no information indicating the last time that this claimant received a XX prescription, so it is unclear to this reviewer if/why this case meets the criteria for chronic use of XX which was used by previous reviewers to deny this request. Using the ODG for chronic XX the provider’s note is missing key information which is useful to determine Medical Necessity: documented failure of other modalities to relieve pain, UDS, pre and post XX pain levels and pre and post XX functional levels. If, however, this is a one-time prescription for XX pills over the course of XX XX (the next visit is scheduled for XX) then this clearly does not fall within the ODG long term XX prescription guidelines and those standards should not be applied to decide on medical necessity.

According to the ODG: “XX” The current prescription of XX, if taken XX times per day, produces a MED of 15. With XX tablets for a XX, the MED is exceedingly small. Additionally, the ODG section on “When to continue XX” gives 2 reasons: (a) If the patient has returned to work (b) If the patient has improved functioning and pain reduction. This claimant had returned to work after XX injury though XX has recently XX, according to XX provider XX remains active. This claimant has no pain with judicious use of XX.

The ACOEM Opiate Therapy Guidelines covers the following topics: XX

Based upon the exceeding small dosage, the effectiveness of the treatment (pain reduction and restoration of full function) and the stated XX to tolerate NSAIDs, it is the opinion of this reviewer that this request for XX XXTAB XXMG, QTY: XX, DS XX be certified as medically necessary and appropriate.

**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 PRACTICE GUIDELINES, Volume 56, Number 7, July 2014, 56(7):e46-53

OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Online Version  
Pain - (updated 1/30/2019)

XX  
XX



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*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a XX to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your XX to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*

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