

IMED, INC.

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INFORMATION PROVIDED TO THE IRO

FOR REVIEW:

Texas Utilization Review dated X
Clinical report by Dr. X MD dated X
Clinical report by X, NPC dated X
Clinical report by X, NPC dated X
Clinical report with no signature dated X
Clinical report by X, NPC dated X
Clinical report by X, NPC dated X
Clinical report by X, NPC dated X
Clinical report by X, NPC dated X
Clinical report by X, NPC dated X
Letter dated X
Letter dated X

PATIENT CLINICAL HISTORY

[SUMMARY]:

The claimant is a X who was injured on X when X was struck in

X. This caused a number of X. The claimant is status post X. The claimant had been followed for chronic X pain. The claimant's medication history had included X. The claimant was prescribed X for X. The claimant was followed by Dr. X office through X. These were all handwritten records. The X evaluation noted continuing moderate X and X, pain. The claimant described continuing X up to X days. The claimant also reported that X was ineffective. The physical exam noted a flat affect. No other pertinent findings were noted. X was not recommended by utilization review as this medication is not supported by current evidence-based guidelines and there were no clear indications evident in the records to support its use.

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

The claimant has been followed for X pain with X. The claimant had been prescribed X in order to address ongoing X. However, the current evidence-based guidelines do not recommend the use of X containing medications due to the lack of evidence regarding the efficacy of the mediation in the long term in addition to concerns regarding dependency and abuse. The provided records did not document any clear exceptional issues for this claimant that would support continuing X in the long term. Therefore, it is this reviewer's opinion that medical necessity is not established for the request and the prior denials are X.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE,

**AND EXPERTISE IN ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES**