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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X who sustained injury on X. X sustained a X. X is status post X. X has been in X. X has been periodically X. Diagnoses include X.

X: X Summary. Patient continues to receive X. X has remained stable. X is taking X. Pt completes tasks with maximum assistance from the staff. A X is completed regularly, including X. The Pt participated in X as well as X. X was marked for X. X continued to have X throughout the week. When has been redirected, X began X. X also had X depending on which staff was working with X. X yelled X.

X: Progress Note with Dr. X. X continues to be easily X. This occasionally results in X. It also results in X. I considered X long-term use of X. This could potentially lead to X according to some reports. Plan: X. I warned X that this could produce difficulty with X. I also warned her that the medicine could produce X. On the other hand, the X could be a help to X.

X: Progress Note by Dr. X. Patient suffered a X. It is possible with X contributed to this problem. It has now been discontinued and that is not a problem for X. X has improved considerably. Interestingly, X is also better. It is difficult to sort out why this might be, but changes in X levels and X other medical issues may be involved. We will not change X medications at this time.

X: Progress Note with Dr. X. Patient is doing very well. X may tend to be a X. It may be helpful to give X, but we must be very careful not to leave X in any jeopardy if changes are made.

X: UR by Dr. X. Rationale- The claimant has been followed for a X. The claimant had been X. However, the records did not indicate a recent X assessment of the claimant discussing the X. Additional supporting clinical information would be needed in order to support this request as reasonable and medically necessary.

X: UR by Dr. X. Rationale- it is necessary to assess clinical X associated with the use of this medication before considering continued use, especially considering the recently noted X. The progress summary for X states that the Pt had several X. It has been established that X is effective as an X. This would need to be clarified. There is information stating that the last time the Pt was off this medication, X was prone to X. However, it appears that these incidents are occurring even while the Pt is actively taking the X. In the clinical evidence of X and an updated X -evaluation, continued use is not medically supported.

X: Follow-Up with Dr .X. X management visit. X has not been here for the X. The staff reported that X seems to be doing relatively well and notes no evidence of X. X is sometimes X. However, this seems to relate X. This is consistent with X. X has a X. X does X. However, X. This can even lead to even X. X seems to be a little more accurate if X. X seems to be relatively well compensated in most ways, and there are no X to address. I reviewed medication regimen, which is rather complex. It contains many X medications. On the other hand, attempts to change these medications in

the past have sometimes resulted in X. X seems to be relatively stable. X does take several X medications which may be leading to the X takes. On the other hand, X only X has been rather extreme in the past. Thus, I do not see a need to change X regimen currently. I saw no evidence of X on inspection.

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

Previous adverse decision is Overturned. The clinical staff have clearly documented the patient's X. Given the difficulty in treating persons with X, if a medication has been found to be effective, it should be continued. The benefits of using an X associated with X although not FDA approved specifically, outweigh the risks in attempting another medication (which could potentially have worsening of side effects and even not be effective). The medication is used to treat X. For this patient, it appears to be effective and should be continued. Therefore, the request for X is considered medically necessary.

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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)