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**PRACTITIONERS**

DANIEL ROTH, DO, MBA, MS
Board Certified Pain Medicine
Board Certified Physical
Medicine & Rehabilitation

THOMAS STRAUB, PA-C
MARK FISHER, PA-C
JASON CAISFORD, PA-C
DORINDA MOSBRUCKER, NP-C
BREANNA HAGLUND, PA-C
LACFY HARVEY, PA-C
CORTNIE JORDAN, NP-C
KARMEN WILSON, NP-C
MAKAYLA LAWSON, NP-C

PROFESSIONAL SERVICES

Pain Management Program
Musculoskeletal Medicine
Radiofrequency Ablation
Spinal Cord Stimulators
Interventional Spine Injections
Electromyography
Nerve Conduction Studies
Fluoroscopic Joint Injections
FPI Ratings/IMEs
Cancer Pain Services
Inpatient Hospital Consults
Stem Cell Therapies
Platelet Rich Plasma Therapies
MAT Program

MAIN LOCATION

1721 Magnavox Way, Suite B
Fort Wayne, IN 46804

LIMA

6811 Lima Road
Fort Wayne, IN 46818

AUBURN

1314 E 7th Street Ste. 201
Auburn, IN 46706

WARSAW

2124 Biomet Drive
Warsaw, IN 46582

MARION

330 N. Wabash Ave.
Ste. 410
Marion, IN 46953

Tel: 260-748-3650

Fax: 260-748-3651

info@summitpainfw.com

FAX COVER SHEET

To: United Healthcare Appeals.	From: Summit Pain Management
Fax: 1-801-994-1083 1-801-938-2100	Date: 04/29/2021.
Ph:	Pages:
RE: Irene Hoover. ID# 94398117600.	CC:

URGENT!!

* medication appeal request. *

*****CONFIDENTIALITY NOTICE*****

The document in this fax contains confidential information. If you are not the intended recipient, please notify us immediately to arrange for the return of the original documents. Thank you.



1721 Magnavox Way Suite B
Fort Wayne, IN 46804

Phone: 260-748-3650 Fax: 260-408-1747

04/29/2021

Patient Name: Irene Hoover
DOB: 10/13/1952
ID: 94398117600
Attn: UHC Urgent Appeals Department

To Whom It May Concern,

I am writing to appeal the denial of Hydrocodone/APAP 5/325mg tablet #120 tablets per 30 days for my patient Irene Hoover (DOB 10/13/1952). Irene has moderate to severe chronic pain that is expected to persist and requires use of an opioid medication to manage. She has a diagnosis of chronic pain syndrome, lumbar facet arthropathy, lumbar radiculopathy, and rheumatoid arthritis.

Irene has been taking the requested medication on a consistent basis since 12/16/2018 with adequate relief of pain without any significant side effects noted. Since she takes the medication daily and fills medication on a monthly basis, she HAS obtained an opioid medication in the past 120 days. She is not new to therapy and therefore the requested MME is safe, appropriate, and medically necessary. This was the reasoning noted on the denial letter for her medication, and as you can see this patient meets the requirements.

She has previously tried/failed numerous other medications to manage pain including Tizanidine, Robaxin, Tramadol, and has documented allergies to Aspirin and NSAIDS. Irene completed physical therapy in May 2020 and continues to do stretches and home exercise program to manage pain. She also completes interventional treatments including lumbar epidurals to aid in pain management.

Irene requires more than a 7 day supply of the requested medication in order to manage pain, as she has chronic pain issues and takes the medication on a daily basis. The requested medication does contain acetaminophen, however it does not exceed four grams per day. A treatment plan is in place, risks and benefits of medication discussed with patient, INSPECT (PDMF) is reviewed each visit, and the patient completes urine drugs screens routinely. The requested medication and dose are safe, appropriate, and medically necessary. I attest that the information provided is true and accurate to the best of my knowledge, and I understand that UHC may perform a routine audit and request medical information necessary to verify the accuracy of the information provided.

If you have any questions or concerns please feel free to contact me or my staff at (260) 748-3650.

Thank you,

B. Haglund PAC

Breanna Haglund, PAC