



# Montana Department of LABOR & INDUSTRY

Date Received:

For Dept Use Only

Montana Department of Labor & Industry  
Employment Relations Division  
PO Box 8011  
Helena, MT 59604  
406-444-6543

## REQUEST FOR EXPEDITED CASE REVIEW

This form is to be used to request the continued use of a drug previously prescribed and dispensed, but is now in a "Needs Prior Approval" status under the Montana Utilization and Treatment Guidelines and Drug Formulary and has been denied by the Insurance Carrier

1. Requester: Prescribing Physician \_\_\_\_\_ Pharmacy \_\_\_\_\_ Date of Request: \_\_\_\_\_ Date of Denial: \_\_\_\_\_  
(Choose one)

2. Patient Name (Please print or type) \_\_\_\_\_ Claim \_\_\_\_\_ Date of Injury \_\_\_\_\_ DOB \_\_\_\_\_

3. Ins. Carrier Name \_\_\_\_\_ Adjuster's Name \_\_\_\_\_ Insurer Phone# \_\_\_\_\_ Insurer Fax# \_\_\_\_\_

4. Prescribing Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Physician Phone # \_\_\_\_\_ Physician Fax # \_\_\_\_\_

5. Pharmacy Name \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_ Pharmacy Fax # \_\_\_\_\_

6. Prescription Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Duration \_\_\_\_\_

7. Please explain the potential medical emergency or the reason a substitution is not appropriate

8. I hereby certify that:

- The Expedited Request for the previously prescribed drug identified above has been denied by the insurance carrier or their Pharmacy Benefit Manager
- The denial poses an unreasonable risk of a medical emergency to the patient named above by either:
  - Placing the patient's health or bodily function in serious jeopardy; or,
  - Possibly causing serious dysfunction of a body organ or part
- No satisfactory substitution is available or there is a valid medical reason a substitution cannot be made
- The potential medical emergency has been documented above
- The adjuster, prescribing doctor, patient, and dispensing pharmacy have been copied on this request
- The denial of the previously prescribed drug was received within 14 days of the denial date listed above

9. Requester: Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this completed form, the insurer's denial letter and a list of all current prescriptions by fax to 406-444-6451 or by email to [dlierdreopenwmedbenefits@mt.gov](mailto:dlierdreopenwmedbenefits@mt.gov) ATTN: Medical Director

# Expedited Case Review Process

## The Expedited Case Review Process

An expedited case review may only be requested within 14 days of a denial to dispense a previously prescribed and dispensed medication. The Medical Director's review will be conducted within 3 business days receipt by the department. A recommendation will be made by the medical director and it is an informal alternative dispute resolution process without administrative or judicial authority and is not binding on the parties.

## Who is the Medical Director?

The Medical Director is the specific individual(s) designated by the Department to review the medical records submitted for denied authorizations of treatment for injured workers. A person serving as a Medical Director must be a physician licensed by the State of Montana under Title 37, Chapter 3, MCA.

## When is an Expedited Case Review available?

An expedited case review is available within 14 days of a denial by the insurer to authorize further dispensing of a previously prescribed and dispensed medication when the denial poses a risk of a medical emergency.

A medical emergency occurs when all three of the following circumstances are present:

- The medical condition has a sudden onset
- The medical condition manifests itself by acute symptoms of sufficient severity, including sever pain; and
- In the absence of immediate medical attention, the medical condition could reasonably be expected to result in:
  1. Placing the injured worker's health or bodily functions in serious jeopardy;
  - OR
  2. A serious dysfunction of any body organ or part of the injured worker

If these criteria are not met and there is still a dispute, then refer to the current Independent Medical Review Process.

## How do I request an Expedited Case Review?

The petitioner must submit their request for review to the Department, in writing, by completing the Expedited Case Review Form and submit a copy of the denial, along with any pertinent medical records.

## The Medical Director Review

The Expedited Case Review will be conducted by the Medical Director within three business days of receipt by the department of a written request for review. The findings of the expedited review must be in writing and be based on the information provided by the treating physician, along with the reasoning given by the insurer, or it's agent, for the denial.

The Department will notify all parties of the Medical Director's findings.