



NOTICE OF AUTHORIZATION

Date: April 2, 2015

TOTAL PAGES: 1

FAXED TO: 323-964-8666

FAXED TO:

ATTN:

ATTN:

Vlad Gendelman, MD

RE: Employee: Rosario Santillan

Requesting physician: Vlad Gendelman, MD

Employer: Premier Personnel Resources, Inc.

Requesting provider (if applicable):

Claim No: TWCS-1588

Received date: 03/30/2015

D/Injury: 2/22/2013

Authorization Date: 04/02/2015

Authorization No: 012

Type of Review:

Expedited/Rush Concurrent Retrospective Prospective

Dear Provider:

This letter will confirm that the treatment recommendation outlined by you is authorized. Below please find the specific outline of that authorization to include description to include frequency, duration and quantity if applicable:

Naproxen 550mg #60, Cyclobenzaprine 7.5mg #60

Please be advised this certification expires on 5/30/2015. Should it be anticipated that you will be unable to initiate said treatment by said expiration date or should the procedure or treatment detailed above not accurately reflect what has been recommended, please contact our client services center immediately at 1-800-932-5535. If the treatment is initiated after said date, your billing for services may be subject to retrospective utilization review.

Sincerely,

Erin Ulshafer
Medical Coordinator

cc: Rosario Santillan
9431 Nance Apt P,
Downey, CA 90241

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