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| Case Number: | CM13-0024185 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/08/2012 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old with a date of injury of 8/8/12. He was seen by his provider on 8/14/13 and was described as preoccupied. He had recently started Wellbutrin and his Prazosin had not yet been filled. He reported flashbacks but denied suicidal ideation. His exam showed he was alert with normal thought productivity. He had no loosening or associations or flights of ideas, no suicidal/homicidal ideations, no somatic preoccupations and normal cognition. His diagnosis was posttraumatic stress disorder. At issue in this review is Prazosin, 12 additional office visits and 20 psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Additional office visits for the next 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

Decision rationale: Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. This injured worker with PTSD has been receiving

psychotherapy and the visit of 8/13 shows that he was alert with normal thought productivity. He had no loosening or associations or flights of ideas, no suicidal/homicidal ideations, no somatic preoccupations and normal cognition. The records do not support the medical necessity of the non-specific request of 12 additional office visits for the next 12 months. Therefore, the request is not medically necessary and appropriate.

20 Visits in the next 10 weeks for psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

Decision rationale: Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. This injured worker with PTSD has been receiving psychotherapy and the visit of 8/13 shows that he was alert with normal thought productivity. He had no loosening or associations or flights of ideas, no suicidal/homicidal ideations, no somatic preoccupations and normal cognition. The records do not support the medical necessity of the request for 20 psychotherapy visits in the next 10 weeks. Therefore, the request is not medically necessary and appropriate.

Prazosin 1mg po, every night: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Prazosin Drug Information.

Decision rationale: Prazosin is an alpha 1 blocker that is used in the treatment of hypertension, BPH and PTSD- related nightmares and sleep disturbance. For the latter, it is unlabeled use. The note of 8/13 fails to document rationale for the prescription of neither Prazosin nor goals for efficacy or a discussion of side effects. The medical necessity of Prazosin is not substantiated in the record. Therefore, the request is not medically necessary and appropriate.