

Case Number:	CM13-0052115		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2011
Decision Date:	03/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine and is licensed to practice in California and Texas. 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 physician 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:

Records reviewed include 704 pages of medical and administrative records. The injured worker is a 34 year old male whose date of injury is 04/25/2011. He carries the diagnoses of adjustment disorder with mixed anxiety and depressed mood, and pain disorder with psychological factors and general medical condition. The nature of his injury was a slip and fall in which he injured his left knee and shoulder. He has been treated with medications and physical therapy with little benefit, and he underwent arthroscopic surgery of the left knee in June 2012. He developed a DVT whose complication included threat of amputation. He had since developed anxiety regarding his leg. 8/23/13 consultation by [REDACTED]: symptoms reported included nightmares of having a blood clot every night, average sleep 5-6 hours per night with pain of 7/10 awakening him. He was reporting significant marital discord, his wife reportedly wanting a divorce if he did not improve. There were frequent arguments and much less intimacy, as well as substantial financial stressors. He endorsed depression with loss of interest, fatigue, passive suicidal ideation, crying spells, impaired self-image, hopelessness, irritability, difficulty thinking, nightmares, anger, and fluctuations in his eating and sleeping patterns. [REDACTED] felt that the patient presented with residual depression and PTSD symptoms. He felt that this is discrepant from another report in which the IW was described as less symptomatic. He references a progress note of 04/22/13 by [REDACTED], [REDACTED] giving the patient the diagnoses of pain disorder, anxiety disorder, and PTSD. He noted that a QME physician on 05/23/13 concluded that the diagnosis of PTSD had resolved. 10/16/13, letter from [REDACTED]: The patient was started on Prazosin 1mg at bedtime, to be increased as tolerated to a maximum of 8mg before next appointment. He was also started on Zoloft 50mg. [REDACTED] indicated that starting and stopping these medications was inadvisable. It

appears that current medications include ibuprofen, omeprazole, Norco, and possibly Zoloft and gabapentin. There is no further documentation to reference in regards to PTSD in this IW after this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Prazosin 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

Decision rationale: The Physician Reviewer's decision rationale: MTUS/ACOEM/ODG are all silent regarding the use of Prazosin in the treatment of nightmares, therefore an alternate reference was used: Prazosin for the treatment of posttraumatic stress disorder sleep disturbances. [REDACTED] *Pharmacotherapy*, 2008 May;28(5):656-66. Prazosin has been shown to decrease the occurrence of nightmares in those suffering from PTSD. This patient's diagnosis of PTSD was documented as resolved as of 05/23/2013, as such this request is noncertified.