MAXIMUS Federal Services

Case Number:	CM14-0008075		
Date Assigned:	02/12/2014	Date of Injury:	03/12/2007
Decision Date:	07/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 50-year-old male patient with a 3/12/07 date of injury. A 12/6/13 progress report indicated that the patient complained of aching and throbbing pain in his upper, middle, lower back and gluteal area that radiated to the right lower extremity. His symptoms aggravated with ascending stairs, bending, and changing positions. Chronic problems included lumbosacral and thoracic radiculopathy, lumbar HNP, depression and anxiety and sleep disturbances. Objective findings revealed anxiety, depression, insomnia, numbness. He was diagnosed with thoracic and lumbosacral radiculopathy, lumbar HNP, and chronic pain syndrome.Treatment to date: medication management.There is documentation of a previous 1/3/14 adverse determination, based on the fact that Prazosin is not a first line treatment for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRAZOSIN HCL 1 MG QUANTITY 30 WITH ONE REFILL (1 PO QHS FOR PAIN ANXIETY RELATED INSOMNIA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: WebMed (Prazosin).

Decision rationale: CA MTUS does not address this issue. Research shows that prazosin may help reduce nightmares, one of the symptoms of PTSD. More research is needed to confirm its effectiveness for treating PTSD. It blocks some of the effects of adrenaline released in your body. This may help reduce the nightmares and sleep problems you have with PTSD. However, there was no documentation of post-traumatic stress disorder. There was no evidence of nightmares. In addition, alpha blockers are not a first line treatment for sleep disturbances. There is no clear discussion of improvement of the patient's anxiety and insomnia from this medication. Therefore, the request for Prazosin HCL 1 mg quantity 30 with one refill (1 po qhs for pain anxiety related insomnia) is not medically necessary.