

<b>Case Number:</b>	CM14-0103452		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Alabama and Maryland. 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:

Patient is a 52 year old female who is a [REDACTED] employee who filed a claim for major depressive disorder and anxiety disorder reportedly associated with an industrial injury of 12/1/14. Thus far, the claimant has been treated with multiple medication, trigger point injection therapy, spinal cord stimulator, bilateral carpal tunnel release surgeries, cognitive behavioral therapy, and time off work. Psychiatry notes were notable for comments that the claimant should remain off of work until follow-up. On 5/23/14m the claimant was described as having ongoing issues with anxiety and depression. She stated that her depression was worse with a decreased dosage of cymbalta. An increased dose of cymbalta, xanax, and prazosin were endorsed, along with an initial 12 sessions of counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRAZOSIN 1 MG HS #30 W/ 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS DESK REFERENCE (PDR)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

**Decision rationale:** Prazosin is an alpha-1 receptor antagonist, which is used to treat hypertension and benign prostatic hyperplasia. In this case however, no rationale for the usage of prazosin was provided. It is not clear to me why prazosin was being employed. There is no mention of issues with hypertension for which ongoing usage of prazosin would have been indicated. Therefore this request is not medically necessary based on the available data that is provided.

**ALPRAZOLAM 1 MG BID #60 W 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As per the CA MTUS ACOEM guidelines, anxiolytic medications such as alprazolam (xanax) are not recommended as first-line therapy for stress-related conditions. While benzodiazepine anxiolytics such as alprazolam can be employed for brief periods to treat cases of overwhelming symptoms of anxiety, the twice daily standing dose of alprazolam is not safe nor necessary. Patient may use this medication in as needed basis and a weaning protocol by the prescribing physician is necessary. Therefore, based on the CA MTUS ACOEM guidelines and the available medical records, this request is not medically necessary.