

Case Number:	CM14-0129271		
Date Assigned:	08/18/2014	Date of Injury:	02/12/2014
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year old gentleman was reportedly injured on February 12, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of neck pain and right arm pain. Pain is rated at 6 to 7/10 and radiates down the right arm with numbness and tingling in the fingers. Current medications include Diclofenac and Cyclobenzaprine. The physical examination demonstrated decreased sensation at the ulnar and radial side of the right arm. There was decreased range of motion of the cervical spine and tenderness along the cervical spine spinous processes at C4, C5, and C6 as well as a paraspinous muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request was made for Prazosin and was not certified in the preauthorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin 2mg #30, date of service 06/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682245.html>.

Decision rationale: Prazosin is a medication in the class of alpha blockers is commonly used to treat high blood pressure however it also has other uses in the treatment of benign prostatic hyperplasia, congestive heart failure, pheochromocytoma, and sleep problems associated with posttraumatic stress disorder. The progress note dated June 13, 2014, does not state that the injured employee has in any sleep difficulties nor was there a diagnosis made of posttraumatic stress disorder but rather a request for a psychology referral. Considering this, this request for prazosin is not medically necessary.