

Case Number:	CM14-0052727		
Date Assigned:	07/07/2014	Date of Injury:	03/13/2013
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in 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:

According to the records made available for review, this is a 43-year-old male with a 3/13/13 date of injury, status post right ankle surgery 10/1/13, and status post right knee partial medial meniscectomy 11/11/13. At the time (4/14/14) of request for authorization for Terazosin Hcl 1mg Capsule #30, there is documentation of subjective (pain in neck that radiates to upper back, bilateral shoulder pain that radiates to shoulder blades bilaterally, bilateral knee pain, right foot and ankle pain with numbness and tingling) and objective (tenderness to palpation over right and left cervical paraspinal musculature, trapezii, and bilateral scapular region, tenderness to palpation over anterior, posterior and lateral aspects of shoulders bilaterally, tenderness over patella, discomfort with patellar pressure, skin allodynia evident, pes planus evident, swelling and a scar noted right ankle, tenderness over right foot/ankle, and decreased range of motion of hindfoot and forefoot) findings, current diagnoses (cervical spine sprain/strain, bilateral shoulders sprain/strain, right foot sprain/strain, status post fracture, status post right knee surgery, and status post right ankle surgery), and treatment to date (physical therapy and medications Tylenol). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Terazosin is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin Hcl 1mg Capsule #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 38. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/terazosin.html>.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that terazosin can be helpful in Sympathetically Maintained Pain. Medical treatment guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Terazosin is indicated (such as: benign prostatic hyperplasia or hypertension). Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, bilateral shoulders sprain/strain, right foot sprain/strain, status post fracture, status post right knee surgery, and status post right ankle surgery. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Terazosin is indicated (benign prostatic hyperplasia, hypertension, or Sympathetically Maintained Pain). Therefore, based on guidelines and a review of the evidence, the request for Terazosin Hcl 1mg Capsule #30 is not medically necessary.