

Case Number:	CM14-0066389		
Date Assigned:	07/11/2014	Date of Injury:	02/21/2013
Decision Date:	08/28/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal 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:

Patient is an injured worker with post traumatic stress disorder PTSD (post-traumatic stress disorder) association with an occupational vapor explosion on February 21, 2013. Psychological consultation report dated January 8, 2014 documented the diagnosis of post traumatic stress disorder PTSD and major depressive disorder. He reported nightmares and flashbacks associated with PTSD. Medications were Risperdal, Zoloft, Klonopin, Trazodone. The date of injury was February 21, 2013, when the patient was involved in an occupational explosion. Objective findings included anxious mood. Medical letter dated May 22, 2014 by [REDACTED] documented that the patient has been prescribed Prazosin since July 21, 2013 and Risperdal since December 15, 2013. Prazosin was started for nightmares. Risperdal is used for depression and paranoia. Progress reports for April 2, 18, 25, and 30, 2014 documented PTSD and depression. Treatment plan included cognitive behavioral therapy (CBT). Utilization review decision date was 04-21-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin 6mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Anxiety medications in chronic painOfficial Disability Guidelines (ODG) Mental Illness & StressPTSD pharmacotherapy.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Prazosin. Official Disability Guidelines (ODG) recommends the consideration of Prazosin to augment the management of nightmares and other symptoms of PTSD. Prazosin may be helpful as a treatment for nightmares secondary to PTSD. Prazosin has been shown to be potentially effective in treating PTSD. Patient has a diagnosis of post traumatic stress disorder PTSD associated with an occupational vapor explosion on February 21, 2013. Psychological consultation report dated January 8, 2014 documented the diagnosis of post traumatic stress disorder PTSD and major depressive disorder. He reported nightmares and flashbacks associated with PTSD. Medical letter dated May 22, 2014 by ██████ documented that the patient has been prescribed Prazosin since 07/21/13. Prazosin was started for nightmares. ODG guidelines support the medical necessity of Prazosin for the management of PTSD. Therefore, the request for Prazosin 6mg is medically necessary and appropriate.

Risperdal 1mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/resperidone.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Anxiety medications in chronic pain.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Prazosin. Official Disability Guidelines (ODG) states that Risperdal (Risperidone) has been shown to be potentially effective in treating PTSD. Risperdal may be beneficial as an adjunct treatment for PTSD. Patient has a diagnosis of post traumatic stress disorder PTSD associated with an occupational vapor explosion on February 21, 2013. Psychological consultation report dated January 8, 2014 documented the diagnosis of post traumatic stress disorder PTSD and major depressive disorder. He reported nightmares and flashbacks associated with PTSD. Medications were Risperdal, Zoloft, Klonopin, Trazodone. Medical letter dated May 22, 2014 by ██████ documented that the patient has been prescribed Prazosin since July 21, 2013 and Risperdal since December 15, 2013. Risperdal is used for depression and paranoia. ODG guidelines support the medical necessity of Prazosin for the management of PTSD. Therefore, the request for Risperdal 1mg, ninety count, is medically necessary and appropriate.