

<b>Case Number:</b>	CM14-0075177		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/12/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old male with a date of injury of 03/12/2007. The listed diagnoses per [REDACTED] are: 1. Chronic pain, symptomatic. 2. Chronic pain due to trauma, symptomatic. 3. Chronic COAT. 4. Failed back surgery syndrome, lumbar. 5. Radiculopathy, thoracic or lumbosacral. 6. Depression/anxiety. 7. Myositis/myalgia. 8. Excision intervertebral disk. According to progress report 04/03/2014, the patient presents with chronic back pain that is located in the upper back, middle back, lower back, gluteal area. The pain radiates to the right ankle, right calf, and right thigh. The patient is status post microdiscectomy in 2009 and continues with chronic pain, depression, and anxiety. The treating physician states the patient is negative for anhedonia, is not agitated, is not anxious, denies hopelessness, has normal insight, and demonstrates appropriate and affect. The treating physician is recommending a refill of "Prazosin 2 mg for patient's pain and anxiety related to insomnia." Utilization review denied the request on 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prazosin HCL 2mg at bedtime for pain/anxiety related to insomnia #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines 11 edition Mental Illness and Stress chapter.

**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:Drugs.com Prazosin is used for.

**Decision rationale:** This patient presents with chronic back pain that is located in the upper back, middle back, lower back, gluteal area. The treating physician is requesting a refill of Prazosin HCl 2 mg to be taken at bedtime for patient's pain and anxiety related to insomnia #30. The MTUS, ACOEM and ODG guidelines do not discuss Prazosin specifically. However, The Food and Drug administration states Prazosin Hydrochloride (Minipress) is "a Quinazoline derivative, is the first of a new chemical class of Antihypertesives." Indications and usage: "treatment of hypertension. Patients should always be started on the 1mg capsules of Minipress. The 2 and 5mg capsules are not indicated for initial therapy." In this case, the treating physician does not discuss hypertension issues in this patient. Furthermore, the treating physician is requesting this medication for patient's "pain and anxiety related to insomnia." There is lack of guidelines discussion or support for the use of this medication for sleep or pain. The request is not medically necessary and appropriate.