MAXIMUS Federal Services

| Case Number: | CM14-0080869 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 05/03/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

## 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 Florida. 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 injured worker is a 32-year-old male who reported an injury on 05/03/2014 due to an unspecified mechanism of injury. The injured worker had a history of nightmares and distressing dreams. The injured worker had diagnoses of depressive disorder, acute stress disorder, and insomnia. No diagnostics were available for review. No past treatments were available for review. The 04/26/2014 clinical note, for objective findings, revealed fair hygiene and grooming, alert to person, place, and time, cooperative, engaging, with appropriate affect, no noted perceptions, speech within normal rate and tone, no suicidal ideations or homicidal ideations, and insight and judgment fair. The medication included Zoloft 100 mg, trazodone 50 mg, and prazosin 2 mg. No VAS was provided. The treatment plan included to manage pharmacology and follow up in 4 weeks. The Request for Authorization dated 07/25/2014 was submitted with the documentation. The rationale for the prazosin was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prazosin 2 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

**Decision rationale:** The request for Prazosin is not medically necessary. The Official Disability Guidelines indicate that therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. The clinical notes indicated that the injured worker reported that, after he stopped taking prazosin, the swelling in his legs decreased. The clinical notes were not evident of a physical examination that included the injured worker's blood pressure and pulse. The request did not address the frequency. As such, the request is not medically necessary.

**Pharmacological management follow-up report.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Illness & Stress, Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Office Visits.

**Decision rationale:** The request for pharmacological management follow up report is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self- care as soon as clinically feasible. The clinical notes do not indicate a need for a pharmacological management follow up report. As such, the request is not medically necessary.