

Case Number:	CM14-0178368		
Date Assigned:	10/31/2014	Date of Injury:	09/14/2011
Decision Date:	04/15/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained a work related injury on 09/14/2011. According to a progress report dated 09/16/2014, the injured worker was seen for follow-up of Traumatic Brain Injury (TBI) with secondary Obstructive Sleep Apnea (OSA) aggravation, headaches, epilepsy and Organic Brain Syndrome (OBS). He also had depression. His back and shoulder still hurt. It was hard to sleep on his back. When he coughed, he had pain in the anterior right axilla. If he used his arms/hands to make lateral transfers of materials, pain would occur in his shoulders. Reaching caused mild pain along the inner section of the right arm and this was along the axillary side. He could not sleep on the right side. If he sat on a hard chair, he would have pain along the shoulders and neck. He was still sleeping at work. Sometimes the medication helped and sometimes it did not. He typically only slept 1-2 hours. He did not have trouble falling back asleep. It was not from pain, worry or nocturia. He could fall back to sleep within a minute or so. He was using Continuous Positive Airway Pressure. Diagnoses included Traumatic Brain Injury secondary Cerebral Spinal Fluid lead; the latter quiescent after one bout of bacterial meningitis, Organic Brain Syndrome secondary to Traumatic Brain Injury, Epilepsy secondary to Traumatic Brain Injury with signs on exam of recent seizure, Obstructive Sleep Apnea aggravated by Traumatic Brain Injury, severe inappropriate daytime somnolence, new onset of cog wheeling on the left, new loss of vibration sense in the toes, heart murmur, hypertension, peripheral vascular disease, shoulder pain with history of fracture of the right scapular wing and cervical and lumbar radiculopathies. A prescription of Dexadrine was given in attempt to keep the injured worker awake. The provider noted that he worried that this would decrease the

threshold for seizures. A prescription dated 09/16/2014 was submitted for review and included Prazocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazocin 2 mg one tab twice daily # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/prazosin.html>.

Decision rationale: Pursuant to Drugs.com, Prazocin 2 mg one PO b.i.d. is not medically necessary. Prazocin is indicated for treating high blood pressure or benign prostatic hypertrophy. It may be used for other conditions that are specifically indicated according to one's physician. Prazocin is an alpha-blocker. For additional details see the attached link. In this case, the injured workers working diagnoses are traumatic brain injury (TBI) with secondary CSS leak; OBS secondary to TBI; epilepsy secondary TBI signs on examination of recent seizure; OSA; severe inappropriate daytime somnolence; new cogwheeling on the left; new loss of vibration sense in the toes; heart murmur; hypertension; peripheral vascular disease; shoulder pain with history fracture right scapular wing; cervical and lumbar radiculopathy. There are two progress notes in the medical record. Neither progress note contains documentation with Prazocin or a clinical indication or rationale for Prazocin. Consequently, absent clinical documentation with prazosin, a clinical indication and rationale for Prazocin, Prazocin 2 mg one PO b.i.d. is not medically necessary.

Dexadrine 10 mg 1 tab twice daily # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation pubchem.ncbi.nlm.nih.gov/summary/summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-11574/dexedrine-oral/details>.

Decision rationale: Pursuant to Web M.D., Dexedrine 10 mg one PO BID #60 is not medically necessary. Dexedrine is indicated for treatment of attention deficit hyperactive disorder (ADHD) and narcolepsy. For additional details see the attached link. In this case, the injured workers working diagnoses are traumatic brain injury (TBI) with secondary CSS leak; OBS secondary to TBI; epilepsy secondary TBI signs on examination of recent seizure; OSA; severe inappropriate daytime somnolence; new cogwheeling on the left; new loss of vibration sense in the toes; heart murmur; hypertension; peripheral vascular disease; shoulder pain with history fracture right scapular wing; cervical and lumbar radiculopathy. There is no documentation the injured worker suffers with ADHD or narcolepsy. Dexedrine is an amphetamine. Amphetamines are stimulants.

Stimulants lower the threshold for seizures. Consequently, absent clinical documentation indicating the injured worker suffers with ADHD or narcolepsy, Dexedrine 10 mg one PO BID #60 not medically necessary.