

Case Number:	CM14-0200576		
Date Assigned:	12/10/2014	Date of Injury:	03/13/2007
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 & Rehabilitation, 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 45 year old male with the injury date of 03/13/07. Per physician's report 10/13/14, the patient "has an office visit for medication management for persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche." The patient reports experiencing depression, appetite changes, sleep disturbance, lack of motivation, weight loss, excessive worry, panic attacks, and inability to relax. Per 09/22/14 progress report, the patient has low back pain, radiating down his legs bilaterally. The diagnosis is s/p lumbar fusion. The treater requested Cyclobenzaprine and Omeprazole. The utilization review determination being challenged is dated on 11/05/14. Three treatment reports were provided from 09/22/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin 5mg (unknown amt/dosage): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[Http://www.ncbi.nlm.nih.gov/publicmedhealth/PMH0000625](http://www.ncbi.nlm.nih.gov/publicmedhealth/PMH0000625)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical

Evidence: Per AETNA guidelines,
http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/017442s0331bl.pdf. MINIPRESS (prazosin hydrochloride).

Decision rationale: The patient presents with pain and weakness in his low back and his legs bilaterally. The patient has psychiatric problems, such as depression and anxiety. The request is for PRAZOSIN 5mg. The MTUS guidelines do not mention Prazosin. ODG guidelines do not mention Prazosin either. Per AETNA guidelines,
http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/017442s0331bl.pdf. "MINIPRESS (Prazosin hydrochloride) is indicated in the treatment of hypertension." "Patients should always be started on the 1 mg capsules of MINIPRESS. The 2 and 5 mg capsules are not indicated for initial therapy." The utilization review letter denied the request stating, "Prazosin may be recommended for post-traumatic stress disorder (PTSD). However, the medical records do not clearly describe the specifics surrounding this or a true diagnosis of PTSD."
<http://www.webmd.com/a-to-z-guides/prazosin-for-ptsd> states "Prazosin blocks some of the effects of adrenaline released in your body. This may help reduce the nightmares and sleep problems you have with PTSD." In this case, none of the reports discuss the patient's hypertension or PTSD. There is no indication how Prazosin has been helpful in managing this patient's psych problems, or why this medication is being prescribed and how it is related to the patient's chronic pain condition. Given the lack of appropriate documentation, the request is not medically necessary.