

Case Number:	CM15-0002945		
Date Assigned:	01/13/2015	Date of Injury:	05/24/2007
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 05/24/2007. The mechanism of injury involved a fall. The current diagnoses include pain disorder, PTSD, and major depressive disorder. The injured worker presented on 12/10/2014 for a followup evaluation. Mental status examination revealed normal findings. The injured worker denied suicidal or homicidal ideation. The current medication regimen includes tramadol 50 mg, omeprazole 20 mg, Cymbalta 60 mg, Prazosin 3 mg, and Xanax 0.5 mg. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #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 (ODG), Mental Illness & Stress, Sedative Hypnotics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven, and there is a risk of dependence. The injured worker has continuously utilized the above medication. As guidelines do not recommend long term use of benzodiazepines, the current request is not medically appropriate at this time. Additionally, there is no frequency listed in the request. Given the above, the request for Xanax 0.5 mg #30 is not medically necessary.

Prazosin 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Health at <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000625/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines do not specifically address the requested medication.

Decision rationale: According to the U.S. National Library of Medicine, Prazosin is used to treat sleep problems associated with post-traumatic stress disorder. While it is noted that the injured worker maintains a diagnosis of PTSD, it is unclear how long the injured worker has utilized Prazosin 1 mg. There is no mention of functional improvement with the requested medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.