

<b>Case Number:</b>	CM15-0105092		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 48 year old male who sustained an industrial injury on 6/13/08. The mechanism of injury is unclear. He currently has achy, burning low back pain with radiation to the left leg. His pain level is 4/10 with medication and 6/10 without medication. He is able to exercise with medications and perform activities of daily living independently. His sleep is improved when using medications. On physical exam there is lumbar paraspinal tenderness and decreased range of motion secondary to pain; straight leg raise is positive on the left and altered sensation. Medications are Fentanyl, Percocet, Lyrica, sertraline, Seroquel, Buspar. Diagnoses include lumbar degenerative disc disease; lumbar stenosis; low back pain; lumbar radiculitis; depression; chronic pain syndrome; bipolar disorder and under psychiatric care. Treatments include medications; physical therapy which helps with pain and improves function; lumbar epidural steroid injection. On 5/1/15 utilization Review evaluated a request for Prazosin 2 mg # 30 for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prazosin HCL cap 2mg qty 30 for 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypertension treatment.

**Decision rationale:** The following decision is made without commenting on the work-relatedness or causation of an industrial injury. MTUS is silent specifically with regards to Prazosin HCL. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice: Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition: Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia) (3) First line, 3rd addition: Thiazide diuretic: Hydrochlorothiazide (HCTZ) (4) First line, 4th addition: Beta blockers (b- Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna) Selective  $\alpha_1$ -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin) Central  $\alpha_2$  agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). The medical documents do not substantiate the diagnosis of hypertension. The medical notes provided did not have blood pressure readings nor was there documentation of failure of first line therapies. As such, the request for Prazosin HCL cap 2mg qty 30 for 30 days is not medically necessary.