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| <b>Case Number:</b>   | CM15-0139248 |                              |            |
| <b>Date Assigned:</b> | 07/29/2015   | <b>Date of Injury:</b>       | 12/05/2003 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2015 |

### 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, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 57-year-old male with an industrial injury dated 12/05/2003. The injured worker's diagnoses include chronic post-traumatic stress disorder and major depressive single episode, severe. Treatment consisted of prescribed medications, psychotherapy and periodic follow up visits. In a progress note dated 06/13/2015, the injured worker reported chronic low back pain, recurrent nightmares, difficulty sleeping, paranoia, social isolation, and depression. Objective findings revealed depressed and anxious mood and mood-congruent affect with full range. Thought process was linear and goal directed. The treating physician noted an intact judgment and cognition with normal short and long-term memory. Treatment plan consisted of outpatient psychiatric visits and medication management. The treating physician prescribed Clonazepam 0.5mg #30 with 2 refills and Prazosin 5mg #60 with 2 refills, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work

Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 4/30/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus the request for Clonazepam 0.5mg #30 with 2 refills is excessive and not medically necessary. It is to be noted that the UR physician authorized 15 tablets for weaning.

**Prazosin 5mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www. odg-twc.com; Section: Pain (Chronic) (updated 4/30/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA. gov- Prazosin/ MINIPRESS.

**Decision rationale:** MINIPRESS/ Prazosin is indicated in the treatment of hypertension. It can be used alone or in combination with other anti-hypertensive drugs such as diuretics or beta-adrenergic blocking agents. The injured worker has been diagnosed with chronic posttraumatic stress disorder and major depressive single episode, severe. The use of Prazosin this case seems to be off label for Post Traumatic Stress Disorder. FDA does not indicate use of prazosin for the same. Also, there is no documentation of objective functional improvement with the continued use of this medication. Thus, the request for Prazosin 5mg #60 with 2 refills is not medically necessary.