

Case Number:	CM15-0160918		
Date Assigned:	08/27/2015	Date of Injury:	11/01/2002
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 56-year-old male, who sustained an industrial injury on 11-01-2002. He reported a fall from scaffolding. The injured worker was diagnosed as having depressive disorder. Treatment to date has included diagnostics, physical therapy, and medications. Currently (7-31-2015), the injured worker complains of severe low back pain. Further treatment for his depression was recommended and he was not cleared for surgery. He admitted to being severely depressed as a result of his industrial injury. He took Gabapentin and Tramadol for his back and leg pain. Other medications were noted as Lisinopril, insulin, Metformin, Amlodipine, Carvedilol, Lipitor, Januvia, and Viagra. His blood pressure was not documented. His comorbid conditions included diabetes, hypercholesterolemia, hypertension, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, gastroesophageal reflux disease, and benign prostatic hyperplasia. Work status was permanent and stationary. The current treatment plan included Terazosin. The use of Terazosin was noted in a previous progress report (3-30-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin 10 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2 and Gestational) Chapter under "Hypertension Treatment" and Other Medical Treatment Guidelines www.drugs.com Terazosin.

Decision rationale: Based on the 8/5/15 progress report provided by the treating physician, this patient presents with bilateral knee pain with popping/buckling, aggravated by cold weather. The treater has asked for TERAZOSIN 10 MG #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cortisone injections, which helped for a few months, physical therapy which helped a little, and no previous surgeries for the knees per 3/3/15 report. The patient has bilateral foot weakness and more pain upon lumbar examination today per 5/4/15 report. The patient has been cleared medically, and has had cardiac and psychological clearance for upcoming lumbar surgery as of 5/8/15 report. The patient's work status is permanent and stationary as of 5/4/15 report. www.drugs.com states: "Terazosin is in a group of drugs called alpha-adrenergic blockers. Terazosin relaxes your veins and arteries so that blood can more easily pass through them. It also relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Terazosin is used to treat hypertension (high blood pressure), or to improve urination in men with benign prostatic hyperplasia (enlarged prostate)." MTUS and ACOEM Guidelines are silent on this request. ODG Guidelines, Diabetes (Type 1, 2 and Gestational) Chapter under "Hypertension Treatment" states: 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) Terazosin (Hytrin) is not mentioned in prior progress reports. Medical records do not discuss hypertension or the prescribed anti-hypertensive medication. The 3/3/15 report states the patient has urinary frequency due to BPH. Patient's blood pressure was not recorded in review of reports, but the patient is stated to have hypertension per 5/8/15 report. Given the patient's BPH and hypertension, the requested Terazosin appears reasonable. The request IS medically necessary.