

Case Number:	CM15-0197955		
Date Assigned:	10/13/2015	Date of Injury:	12/06/2008
Decision Date:	11/25/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/08/2015

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, California

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:

This is a 35 year old male with a date of injury of December 6, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for major depression, reactive, with anxiety, and chronic pain syndrome. Medical records dated September 16, 2015 indicate that the injured worker complained of worsened chronic depression and suicidal ideation due to chronic pain and physical issues. A progress note dated September 28, 2015 documented complaints of nightmares and marked anxiety. The exam dated September 16, 2015 reveals slight agitation, mid racing toward negative thoughts, and psychological testing showed severe depression. The progress note dated September 28, 2015 documented an examination that showed a score of 41 on the Beck Anxiety Inventory, increased from the previous testing performed in August of 2015. Treatment has included medications (Cymbalta 30mg three times a day and Mirtazapine 15mg at bedtime since at least June of 2015; Buspar 10 mg three times a day increased in September of 2015), and psychotherapy. The original utilization review (October 7, 2015) non-certified a request for Minipress 1mg #30 to address the injured worker's nightmares.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initiate Minipress 1 mg take 1 tablet PO QHS #30 for 30 day supply, refills times 4:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.gov/pubmed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, PTSD pharmacotherapy and Other Medical Treatment Guidelines <http://www.uptodate.com/Pharmacotherapy> for posttraumatic stress disorder in adults; Alpha-adrenergic receptor blockers.

Decision rationale: MTUS is silent concerning the use of Minipress for the treatment of PTSD. ODG states "Augmented Therapy for Targeted Conditions: Consider prazosin to augment the management of nightmares and other symptoms of PTSD. (Raskind, 2003) "UP-TO-DATE states "Alpha-adrenergic receptor blockers" in four clinical trials with a total of 124 patients with PTSD, prazosin has been shown to reduce nightmares and improve sleep [17-20]. As an example, 67 active-duty military personnel with PTSD were randomly assigned to receive prazosin or placebo in a 15-week trial; some patients were also taking SSRIs [20]. Patients receiving prazosin reported a greater improvement in nightmares, sleep quality, and PTSD symptoms compared to patients receiving placebo. A greater proportion of patients on prazosin were assessed as markedly or moderately improved compared to those on placebo (64 versus 27 percent). The patient is diagnosed with PTSD and the treating physician is attempting to control symptoms. Evidence based medicine supports the use of Minipress (prazosin) to improve sleep and decrease nightmares. As such the request for Minipress is medically necessary". The patient is diagnosed with PTSD and the treating physician is attempting to control symptoms. Evidence based medicine supports the use of Minipress (prazosin) to improve sleep and decrease nightmares. As such, the request for Initiate Minipress 1 mg take 1 tablet PO QHS #30 for 30-day supply, refills times 4 is medically necessary.