

Case Number:	CM15-0026772		
Date Assigned:	02/19/2015	Date of Injury:	09/13/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on September 13, 2012. She has reported bilateral wrist pain, bilateral shoulder pain, depression and anxiety. The diagnoses have included chronic pain syndrome, reflexive sympathetic dystrophy, carpal tunnel syndrome, and adhesive capsulitis of the shoulder. Treatment to date has included medications, physical therapy, carpal tunnel surgery, cervical spine sympathetic block, acupuncture, cognitive behavioral therapy, and stellate ganglion block. A progress note dated January 9, 2015 indicates a chief complaint of left arm pain, left shoulder pain with decreased range of motion, color and temperature changes, swelling and sweating, right shoulder decreased range of motion, sleep difficulties, depression, and anxiety. Physical examination showed decreased range of motion of the bilateral shoulders, left wrist decreased range of motion, and no swelling of the hands or wrists. The treating physician is requesting a prescription for Terazocin. On January 22, 2015 Utilization Review denied the request citing non-California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazocin 1mg QTY: 49.00 (UR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/hytrin-drug/indications-dosage.htm>

Decision rationale: Pursuant to the Evidence Based Guidelines (see attached link), Terazocin 1 mg #49 is not necessary. Terazocin is indicated for the treatment of symptomatic benign prostatic hypertrophy and hypertension. The Chronic Pain Medical Treatment Guidelines pages 37 and 38 reference use of Terazocin in the use of CRPS. Sympathetically mediated pain with adrenoceptor blocking agents (Terazocin and, prazosin and phenoxybenzamine) have been shown to be effective in the case report. In this case, the injured worker's working diagnoses are adhesive capsulitis shoulder; reflex sympathetic dystrophy and carpal tunnel syndrome. The utilization review (with confirmation) included a peer-to-peer discussion. The treating physician cited guidelines that failed to provide adequate support for use. A literature search revealed a small case series from a Middle East military hospital published in 1984. Published studies demonstrating greater efficacy with Terazocin for use in CRPS, compared with standard care, are not found. Consequently, absent adequate reference guidelines for Terazocin use, Terazocin 1 mg #49 is not necessary.