

Case Number:	CM15-0216423		
Date Assigned:	11/06/2015	Date of Injury:	04/24/2002
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57 year old female, who sustained an industrial injury on April 24, 2002, incurring left foot and bilateral knee injuries. She was diagnosed with internal derangement of the bilateral knees and plantar fasciitis of the foot. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, sleep aides, antidepressants, physical therapy, transcutaneous electrical stimulation unit, spinal cord stimulator, a surgical left total knee arthroplasty and activity restrictions. Currently, the injured worker complained of persistent left knee pain radiating into the lower left leg. The pain was aggravated with prolonged standing and sitting. She was diagnosed with a postoperative infection from the first knee surgery and rupture of the patellar tendon. She underwent a surgical revision of the left total knee replacement and continued with 12 sessions of physical therapy. The injured worker complained of ongoing bilateral knee pain, bilateral feet pain, bilateral hand numbness and tingling, neck pain, headaches, left hip pain back pain, depression, and insomnia. She was diagnosed with RSV of the left lower extremity. Her chronic pain interfered with most of her activities of daily living. The treatment plan that was requested for authorization included a prescription for Terazosin HCL 2 mg #60 with a date of service of October 12, 2015. On October 29, 2015, a request for a prescription of Terazosin HCL was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terazosin HCL 2 mg #60 with a dos of 10/12/2015: 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 Terazosin: Drug information. Topic 9975, version 118.0. UpToDate, accessed 12/19/2015.

Decision rationale: Terazosin is a medication in the alpha-1 blocker class. The MTUS Guidelines are silent on this issue. It is FDA-approved for the treatment of a prostate that is large but not because of cancer (benign prostate hyperplasia) and mild-to-moderate high blood pressure, although a widely-accepted professional Guideline (JNC-8) no longer supports its use for high blood pressure. The literature also supports the use of terazosin for the treatment of high blood pressure in children and kidney stones at the end of the ureter (the tube between the kidney and bladder). The submitted and reviewed documentation indicated the worker was experiencing pain in the back pain that went into the left hip, neck, and left shoulder. There was no discussion reporting any of the above conditions or suggesting findings consistent with the above conditions. However, the worker was taking several other medications commonly used to treat high blood pressure. The doses of the other medications did not appear to be maximized. The primary clinical Guideline for treating high blood pressure in general no longer supports the use of this medication for that issue. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for terazosin HCl 2mg on the date of service 10/12/2015 is not medically necessary.