

Case Number:	CM14-0134395		
Date Assigned:	08/27/2014	Date of Injury:	11/20/2012
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker's date of injury is 11/20/2012. This patient received injuries at his work when he was assaulted. The injuries included a fractured jaw, a bruised hip, and head trauma. The patient receives treatment for post-traumatic stress disorder with psychosis, depression and anxiety as well. The patient has torticollis and disorders of his bite. The physician's exam report states there are neck muscle spasms and he appeared depressed, the left side of the jaw is swollen, the Romberg sign is positive, and there is increased muscle tone on the right side. The patient's medications include: Abilify, Carbamazepine, Remiron, Norco, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazocin 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physician's Desk Reference).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, accessed online, Treatment of hypertension.

Decision rationale: Prazosin is classified as an alpha blocker. This drug is FDA approved for the treatment of essential hypertension and benign prostatic enlargement. The treating physician is not requesting this drug for either of those two approved indications. All other uses of this

medication are considered experimental and not recommended. Prazosin is not medically indicated based on the documentation.