

Case Number:	CM14-0148754		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2009
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Psychiatry 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:

Injured worker is a 51-year old male with date of injury 6/18/2009. Date of the UR decision was 8/22/2014. The injured worker suffered from injury to his left upper extremity when a harvester machine fell into his arm. Report dated 8/11/2014 documented that the injured worker presented with a 9/10 pain in back and shoulder. He also reported having vivid and disconcerting nightmares. It was indicated that he had been taking Cymbalta 30 mg and felt that the "noises" he was hearing were due to the medication. Beck Depression Inventory performed during that appointment was 39 which indicates severe levels of depression and was noted to be 2 points higher than the last visit. He was diagnosed with Major Depressive Disorder without psychotic symptoms, chronic pain syndrome associated with both psychological factors and general medical condition and Generalized anxiety disorder. The plan per that report was to discontinue cymbalta and to initiate Minipress 1 mg nightly for nightmares and that the injured worker was to continue Cognitive Behavior Therapy with the Psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minipress 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov-MINIPRESS

Decision rationale: MINIPRESS is indicated in the treatment of hypertension. It can be used alone or in combination with other antihypertensive drugs such as diuretics or beta-adrenergic blocking agents. Minipress is an antihypertensive but has been used off label for nightmares related to Post Traumatic Stress Disorder. The injured worker diagnosed with Major Depressive Disorder without psychotic symptoms, chronic pain syndrome associated with both psychological factors and general medical condition and generalized anxiety disorder. Request for Minipress 1mg; unspecified quantity is not medically necessary as the injured worker does not have a diagnosis of PTSD related nightmares for which Minipress has been found be helpful for based on some research studies. Therefore, Minipress 1mg is not medically necessary.