

Case Number:	CM15-0111569		
Date Assigned:	06/23/2015	Date of Injury:	04/15/2014
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 41 year old male who sustained an industrial injury on 04/15/2014. He reported a severe injury to his right eye. The injured worker was diagnosed as having pain disorder associated with Psychological Factors and a medical condition; post- traumatic stress disorder. Treatment to date has included cognitive behavior therapy. Currently, the injured worker complains of mild anxiety and depression. His beck depression index is 35 and anxiety index is 47. Electrodiagnostic studies show evidence of facial nerve palsy affecting the right facial nerve. The treatment plan includes medications. The most recent physical exam findings reveal. A request for authorization is made for: 1. Prazosin HCL (hydrochloride) 1mg, #60 with 1 refill, 2. Tramadol HCL (hydrochloride) ER (extended release) 200mg, #60 with 1 refill, 3. Neurontin 600mg, #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin HCL (hydrochloride) 1mg, #60 with 1 refill: 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: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37- 38.

Decision rationale: Prazosin HCL (hydrochloride) 1mg, #60 with 1 refill is not medically necessary per the MTUS and the ODG. The MTUS states that sympathetically maintained pain (SMP) can be treated with "1 adrenoceptor blocking agents (terazosin, prazosin) and they have been found in a single case report to be effective. Both the MTUS and the ODG state that most medications have limited effectiveness, and recommendations are primarily based on extrapolation from neuropathic pain medication guidelines. A reason given for the paucity of medication studies is the absence of a gold-standard diagnostic test for CRPS and lack of uniformly accepted diagnostic criteria. Due to the lack of sufficient evidence in the guidelines and literature for this medication this request for Prazosin with 1 refill is not medically necessary.

Tramadol HCL (hydrochloride) ER (extended release) 200mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Central acting analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol HCL (hydrochloride) ER (extended release) 200mg, #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no objective urine drug screen for review. The documentation reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Tramadol is not medically necessary.