

<b>Case Number:</b>	CM15-0112578		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 43-year-old female, who sustained an industrial injury on 12/26/2013. She reported scald burns from a pot of hot water. The injured worker was diagnosed as having post-traumatic stress disorder, major depression disorder, general anxiety disorder, and sleep disorder. Treatment to date has included burn care, mental health treatment, and medications. Currently (5/11/2015), the injured worker complains of increased anxiety. It was documented that she cut down on some medication use due to fear of running out. She denied side effects of medications. Medical necessity for appointment was due to depression, chronic pain, anxiety, sleep disturbance, nightmares, and flashbacks. Quality of symptoms was rated 10/10 and worse at night. She was documented as less depressed when around family and friends. A review of symptoms noted trouble falling asleep, awakening, and nightmares, along with severe depression, nightmares, and decreased libido. Current medications included Prazosin, Ambien, Xanax, and Paxil. The Hamilton Depression Rating Scale (HAM-D) score was 33. The progress report (4/06/2015) noted that Prazosin use was for post-traumatic stress disorder and not hypertension. Also noted was a recommendation for breast reconstruction with a plastic surgeon, due to her breasts being badly burnt, scarred and disfigured during the accident. It was opinionated that the etiology of the destruction of the breast mattered very little in the critical emotional importance of the breasts to a patient's self-esteem. Her work status remained total temporary disability. Medication refills were requested, with current medications in use for at least the past six months. An Agreed Medical Examination (Plastic Surgery) in 7/2014 was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prazosin 6 MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: [www.pdr.net](http://www.pdr.net).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, prazosin.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of hypertension as well as anxiety, PTSD and panic attacks. The patient has the diagnosis of anxiety as well as PTSD per the provided clinical documentation. Therefore, the request is medically necessary.

### **Ambien 10 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.

### **Breast Reconstruction Consultation by a Plastic Surgeon:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM : The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has significant burns on the chest wall/breasts. Per the clinical documentation provided this has caused significant contribution to the ongoing anxiety and depression. Therefore, a consult with plastic surgery for a possible repair of these burns is medically necessary.