

Case Number:	CM15-0026494		
Date Assigned:	02/19/2015	Date of Injury:	02/03/2014
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 is a 30-year-old female, who sustained an industrial injury on 2/3/14. She has reported right lower extremity injury. The diagnoses have included post-traumatic stress disorder, major depression, cognitive disorder and fracture femur with ORIF. Treatment to date has included surgical repair of right femur, pain management and psychotherapy. (CT) computerized tomography scan of lower extremity revealed extensive internal fixation traversing a left distal femoral fracture with linear sclerotic density noted on 2/2/15. Currently, the injured worker complains of right knee and thigh pain. On physical exam no tenderness to palpation of the supracondylar femur fracture is noted and mild snapping is noted with knee flexion/extension. The physician noted he is concerned she is using too much pain medication. On 2/9/15 Utilization Review non-certified Zolpidem 5mg one at bedtime and Prazosin 1mg up to 4 tablets at bedtime #12, noting the medical necessity is not established. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of Zolpidem 5mg one at bedtime and Prazosin 1mg up to 4 tablets at bedtime #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg, 1 tablet at bedtime PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Zolpidem (Ambien) 1/2).

Decision rationale: Zolpidem 5mg, 1 tablet at bedtime PRN is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term for the treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The request does not indicate a quantity. The ODG does not recommend this medication long term. The patient has a history of major depression and this medication can increase that over the long term. The request for Zolpidem 5mg is not medically necessary.

Prazosin 1 mg, take up to 4 tabs at bedtime #12 monthly: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress- PTSD pharmacotherapy.

Decision rationale: Prazosin 1 mg, take up to 4 tabs at bedtime #12 monthly is medically necessary per the ODG. The MTUS Guidelines addresses prazosin for sympathetically mediated pain such as seen in CRPS. The ODG states that one can consider prazosin to augment the management of nightmares and other symptoms of PTSD. Recommend medication compliance assessment at each visit. Since PTSD is a chronic disorder, responders to pharmacotherapy may need to continue medication indefinitely; however, it is recommended that maintenance treatment should be periodically reassessed. The documentation indicates a history of PTSD and sleep difficulty. This medication was denied on prior review as the MTUS recommends this for CRPS or elevated blood pressure. After a review of the ODG it appears that this medication is appropriate for this patient with PTSD therefore the request for Prazosin 1mg #12 is medically necessary.