

Case Number:	CM15-0099326		
Date Assigned:	06/01/2015	Date of Injury:	12/18/2012
Decision Date:	06/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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: Arizona, California

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 47 year old male, who sustained an industrial injury on December 18, 2012. He reported he was assaulted and struck in the head with a glass bottle with related left eye pain and irritation. The injured worker was diagnosed as having post-traumatic stress disorder (PTSD). Treatment to date has included medications and psychiatry. Currently, the injured worker complains of continued left eye irritation, poor sleep and symptoms of PTSD secondary to the assault. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the symptoms. Evaluation on December 18, 2013, revealed left eye irritations. Psychiatric report on April 27, 2015, revealed continued poor sleep and symptoms of PTSD. Medications were adjusted and renewed. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental health - Antidepressants and pg 50.

Decision rationale: According to the guidelines, SSRIs are indicated for PTSD and Major depression. In this case, the claimant does have a history for PTSD and insomnia; however, information regarding psychotherapy, specific behavioral response or details on dose response was not provided. As a result, the request for Fluoxetine is not substantiated to necessitate 3 months of additional refills. Therefore, the requested treatment is not medically necessary.

Prazosin 2mg #1 with 3 refills: 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), Pain, Anxiety medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Prazosin indications ODG- Mental health - Antidepressants and pg 50.

Decision rationale: Prazosin is an antihypertensive that has been used for sleep disorders related to PTSD. According to the guidelines, Prazosin is not 1st line for these diagnoses. In addition information regarding psychotherapy, specific behavioral response or details on dose response was not provided. As a result, the request for Prazosin is not substantiated to necessitate 3 months of additional refills. Therefore, the requested treatment is not medically necessary.