

Case Number:	CM13-0007691		
Date Assigned:	06/06/2014	Date of Injury:	10/12/2007
Decision Date:	07/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 59-year-old man who sustained a work related injury on August October 12, 2007. Subsequently, he did injure his bilateral shoulder/biceps, left hand/5th digit, and neck. Based on the evaluation report dated on April 9, 2014 the patient developed chronic intractable pain with his right shoulder. He is status post multiple right shoulder surgeries. The patient underwent a diagnostic and therapeutic right supraclavicular nerve block under ultrasound, which helped in alleviating his symptoms almost to a complete resolution of a period of about six weeks. He is no presenting with another severe flare-up of his right shoulder and over the right upper trapezius area. Examination of the right shoulder showed moderate-to-severe tenderness over the right paracervical musculature. There is tenderness over the right upper trapezius and right mid scapular region. His cervical range of motion is about 60 to 70% with moderate muscular spasm and guarding more so with lateral bending. His right shoulder shows about 60 to 70% range of motion with flexion and abduction associated with guarding and spasm. There is popeyes degormity in the right bicep area as well. He has 4/5 motor strength with right shoulder flexion and abduction and 5-/5 in the right elbow flexion and extension. He also shows some sensory deficit to light touch over the C4 and C5 dermatomes. His diagnoses included: right shoulder sprain/strain with biceps rupture; status post multiple right shoulder surgery with chronic right shoulder pain; cervical sprin/strain; chronic pain syndrome ith chronic opioid tolerance; and chronic reactive clinical depression secondary to chronic pain. The patient's current medication include: Oxycodone and Naprosyn. A medical report dated on August 1, 2013 stated that a primary care physician has asked the patient to discontinue any acetaminophens due to possible liver problems. The Percocet has been changed to Oxycodone 10 mg. The patient was diagnosed with psychological injury with depression secondary to industrial injury. However, there is no recent documentation that the patient is suffering from major

depression or have a psychiatry evaluation. The provider requested authorization to use Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50 MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants for chronic pain as well as the Citation: Schwartz, T., et al. (2004). A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia. Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. Therefore, the request for Trazodone is not medically necessary.