MAXIMUS Federal Services

Case Number:	CM13-0069475		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2011
Decision Date:	04/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitative Medicine, and is licensed to practice in Texas. 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 39-year-old who reported injury on February 5, 2011. The mechanism of injury was noted to be the patient was at work when he lost his balance and fell striking his head on a railing. The patient's medication history included antidepressants as of 2012. The examination of November 15, 2013 revealed the patient had some slowness and processing ability that had been addressed in the [redacted] Treatment Program. The impression and diagnoses were noted to include status post head and neck trauma with dissection of left carotid artery, left hemispheric strokes secondary to blood clot emanating from the left carotid artery dissection, some residual cognitive and mood impairment significantly improved with cognitive rehabilitation and occasional difficulties with speech organization secondary to the stroke, improved with cognitive therapy and speech therapy. The request was made for trazodone 50 mg, 60 count with three refills, per the DWC form RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAZADONE 50 MG, 60 COUNT WITH THREE 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, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Section Page(s): 13.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and are recommended especially if pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was no PR2, with documentation to indicate the functional benefit the patient received from the medication. There was no submitted with the DWC Form RFA requesting the medication to support ongoing use. There was a lack of documentation indicating the patient had an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review in failing to provide the necessity for 3 refills without re-evaluation. The request for one prescription of Trazodone 50 mg, 60 count with three refills, is not medically necessary.