

Case Number:	CM14-0120858		
Date Assigned:	09/25/2014	Date of Injury:	01/12/2012
Decision Date:	11/25/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 65-year-old man with a date of injury of 1/12/12. He was seen by his physician on 6/13/14 with complaints of neck pain with radiation to his arms and headaches. He reported his medications were working well with no side effects. His sleep quality was said to be poor. These included Trazodone, Norco, Colace and Penn said Pump. His exam showed a normal gait. He had loss of normal cervical lordosis and pain-limited range of motion. He had hypertonicity, tenderness, and tight muscled bands bilaterally. He also had tender paracervical muscles and pain over the trapezius and occiput. Spurling's maneuver caused pain in his neck muscles but no radicular symptoms. His strength was essentially normal with minimal loss in the abductor pollicis brevis and digit minimi (4/5). His diagnoses were cervical pain/strain/radiculopathy, wrist pain, and spasm of muscle. At issue in this review is the refill of Trazodone. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: Trazodone is an anti-depressant and is a serotonin antagonist and reuptake inhibitor. Anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping, or pain. There is no documentation of a discussion of side effects or efficacy. The records do not support medical necessity for Trazodone.