

<b>Case Number:</b>	CM14-0123716		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 59 year old female with a work related injury on 7-1-97. The claimant has right upper extremity pain. She has a diagnosis of "RSD" post a right ulnar nerve transposition performed in September 2002. She is treated with medications. The claimant has been treated with SGB, medications, acupuncture, IT pump trial. Office visit on 6-18-14 notes the claimant had decreased pain post SGB. She is treated with medications. She is provided with a prescription for Trazodone at bedtime. On exam on 6-18-14, the claimant had swelling over the left hand and fingers, painful range of motion, positive Allodynia L > R.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #30:** Overturned

**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 anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Pain chapter - anti depressants.

**Decision rationale:** Medical Records reflect a claimant with a diagnosis of "RSD" treated with medications and SGB. On exam, it is documented she has Allodynia, tenderness, swelling,

painful range of motion. Chronic Pain Medical Treatment Guidelines as well as ODG notes that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has neuropathic pain by exam. An antidepressant is considered first line of treatment in this case. Therefore, the medical necessity of this request is established. Recommend certification.