

Case Number:	CM14-0148038		
Date Assigned:	09/18/2014	Date of Injury:	11/13/2008
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old female with an 11/13/08 date of injury, and status post lumbar discectomy L4-5. At the time (9/3/14) of Decision for Desyrel 50 MG #30 and Prozac 20 MG #30, there is documentation of subjective (improved sleep with Trazodone and feels like a zombie with Zoloft) and objective (fair hygiene, and fair insight and judgment) findings, current diagnoses (major depressive disorder and insomnia), and treatment to date (physical therapy, acupuncture, psychotherapy, activity modification, and medications (including ongoing use of Trazodone since at least 3/14)). Regarding the requested Desyrel 50 MG #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone (Desyrel) use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants; Trazodone (Desyrel) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, ODG identifies documentation of insomnia with potentially coexisting mild psychiatric symptoms such as depression or anxiety, as criteria necessary to support the medical necessity of Desyrel (Trazodone). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and insomnia. However, given medical records reflecting prescription for Trazodone since at least 3/14, and despite documentation that sleep is improved with Trazodone, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone (Desyrel) use to date. Therefore, based on guidelines and a review of the evidence, the request for Desyrel 50 MG #30 is not medically necessary.

Prozac 20 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and insomnia. In addition, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Prozac 20 MG #30 is medically necessary.