

Case Number:	CM14-0150998		
Date Assigned:	09/22/2014	Date of Injury:	08/19/2013
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 45-year-old female with an 8/19/13 date of injury. At the time (8/20/14) of request for authorization for Therapeutic ultrasound and Trazodone 25mg quantity: 30.00, there is documentation of subjective (acute pain x2 weeks over multiple injury areas) and objective (tenderness to palpation over multiple areas and paraspinal muscle spasms) findings, current diagnoses (cervical sprain/strain, shoulder sprain/strain, carpal tunnel syndrome, lumbar sprain/strain, cervicalgia, fibromyalgia, and myofascial pain), and treatment to date (ongoing therapy with Trazodone since at least 6/7/14). Regarding Trazodone 25mg, there is no documentation of insomnia, with potentially coexisting mild psychiatric symptoms such as depression or anxiety; and 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 the use of Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that therapeutic ultrasound is not recommended. Therefore, based on guidelines and a review of the evidence, the request for therapeutic ultrasound is not medically necessary.

Trazodone 25mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Trazodone (Desyrel) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, shoulder sprain/strain, carpal tunnel syndrome, lumbar sprain/strain, cervicgia, fibromyalgia, and myofascial pain. In addition, there is documentation of chronic pain. However, there is no documentation of insomnia, with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In addition, given documentation of ongoing treatment with Trazodone since at least 6/7/14, 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 use of Trazodone. Therefore, based on guidelines and a review of the evidence, the request for Trazadone 25mg quantity is not medically necessary.