MAXIMUS Federal Services

| Case Number: | CM14-0152500 | | |
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| Date Assigned: | 09/24/2014 | Date of Injury: | 01/25/2011 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

## 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 64 years old female with an injury date on 01/25/2011. Based on the 08/11/2014 progress report provided by [redacted], the patient complains of "everything is terrible in my life." The patient states "feels nothing in her hands and that is the reason she drops things."The patient's mood is sad/depressed anxious and irritable. Patient's gait/station, muscles strength and muscle tone were "NL." The diagnoses were not provided in the report for review. Patient's treatment plan is to "continue medication management & psychotherapy."There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [redacted] is the requesting provider, and he provided treatment report dated 08/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100 mg 2 QHS #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants,medication for chronic pain Page(s): 13-15,60.

**Decision rationale:** According to the 08/11/2014 report by [redacted] this patient complains of "everything is terrible in my life." There are not diagnosis listed on progress reports but the patient appears suffer from upper extremity symptoms. The treater is requesting Trazadone 100mg 2 QHS #100. The utilization review denial letter states "partially certified to approve to #60, only." Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Trazadone was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Trazadone for apparent depression and/or insomnia. However, there was no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with depression or insomnia. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.

**Citalopram 40 mg 1 po QD #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anxiety medications in chronic pain, Citalopram

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants,medication for chronic pain Page(s): 13-15,60.

**Decision rationale:** According to the 08/11/2014 report by [redacted] this patient complains of "everything is terrible in my life."The treater is requesting Citalopram 40mg 1 po QD #100. The utilization review denial letter states "partially certified to approve to #30, only." Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Citalopram was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Citalopram likely for the patient's depression, but there is no discussion as to whether or not it's been effective. None of the reports provided for review describe how this medication has been helpful in any way. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.