

Case Number:	CM14-0161164		
Date Assigned:	10/06/2014	Date of Injury:	07/26/1995
Decision Date:	12/31/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 injured worker is a 51-year-old male who sustained an injury on 7/26/95. As per the 9/19/14 report, he complained of bilateral neck pain with radiation of pain into BUE (bilateral upper extremities); right arm greater than left. The pain was described as burning, numbness and shooting and was rated at 5/10 with medications and 8/10 without. He had associated symptoms of RUE weakness, numbness and tingling in the BUE, stiffness of the neck, interference with sleep, primarily night time in the RUE (right upper extremity), throbbing 'heart beating' in the entire right arm with numbness in the RUE particularly the right fingers. Exam revealed anxious and agitated mood with forward flexed body posture. There were no other abnormal objective findings documented. He previously had neck surgery. He is currently taking Amlodipine, Diovan, hydrocodone acetaminophen, MS-Contin, Neurontin, simvastatin, and Trazodone. His pain and radicular symptoms decreased by greater than 50% after his 2/18/13 (TL C6-C7) epidural injection and he had short-lived relief from the ESI done on 6/30/14 which has worn out and he is now experiencing increased pain and radiculopathy in the right upper extremity that he describes as progressive. He continues to take Neurontin for neuropathic pain to manage his pain and help him maintain his level of function. He continues to take Neurontin 600 mg, 2 tab PO in the AM and 3 tabs PO QHS, with moderate relief of pain but the numbness in the BUE has not improved. He takes trazodone to help with sleep difficultly; it helps with his functional level without significant adverse effects. The medications decrease his pain by 50% and allow him to function independently as well as sleep better at night. His CURES was compliant. Diagnoses include displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, cervical post-laminectomy syndrome, shoulder joint pain, and lumbar post-laminectomy syndrome. The request for Neurontin 600mg #60 5 refills was certified and Trazodone 50mg #60 with 5 refills was modified to Trazodone 50mg #60 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the IW is noted to have sleep disturbance, but there is no mention of depression or anxiety. Additionally, proper sleep hygiene is critical to the individual with chronic pain which has not been addressed in this case. Thus, the medical necessity of the request for Trazodone has not been established in accordance to guidelines.