

<b>Case Number:</b>	CM14-0162344		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Medicine and is licensed to practice in Massachusetts. 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 documents available for review, the patient is a 57 year old injured worker. The date of injury is May 28, 2014. The patient sustained an injury to the cervical spine. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the neck with associated headache. The patient carries a current diagnosis of anxiety and depression. The patient is maintained on the multimodal pain medication regimen including Paxil and Trazadone. A request for Paxil and Trazadone was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil 40mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Mental Illness and Stress, Paxil

**Decision rationale:** According to the official disability guidelines, Paxil is an appropriate treatment for patients with depression. The patient does have a history of depression and

therefore is a candidate for Paxil therapy. However, refills should be based on objective functional improvement. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established therefore request is not medically necessary.

**Trazadone 50mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (update 7/10/14) Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone: ODG, Mental Illness and Stress, Trazodone

**Decision rationale:** According to the ODG, Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The patient has been diagnosed with depression and therefore this treatment is appropriate. However, refills should be based on objective functional improvement. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established.