

Case Number:	CM14-0022284		
Date Assigned:	05/09/2014	Date of Injury:	10/03/2011
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in Florida. 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 55 year old female who reported an injury on 10/03/2011. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 04/17/2014 reported the injured worker complained of neck pain, hand pain, and right knee pain. The injured worker reported she will be starting physiotherapy the following week. The injured worker rated her pain at a 7/10, coming down to 2/10 with medication. The injured worker reported her knee was significantly painful. The injured worker reported swelling to the knee. The injured worker reported her whole joint was painful. The injured worker reported feeling weaker and unable to walk a lot. The injured worker was prescribed Norco, Trazodone, and Senokot. Upon the physical exam, the provider noted the injured worker to walk with a mild limp. The provider noted on the physical exam of the knee, there was clicking medially and laterally with flexion and extension. The provider noted the injured worker was able to fully extend her knee. The provider noted the injured worker has slightly decreased flexion. The provider noted no instability of the knee. The provider requested Trazodone 50 mg #60 to allow the injured worker to continue her exercise and functional abilities. The Request for Authorization was submitted and dated on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13, 15.

Decision rationale: The MTUS Chronic Pain Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The request as submitted failed to provide the frequency of the medication being requested. There is lack of documentation supporting the medical necessity for the medication. Additionally, there is a lack of documentation indicating the injured worker to have signs and symptoms or a diagnosis of neuropathic pain. Therefore, the request is not medically necessary and appropriate.