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| Case Number: | CM14-0031340 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 06/07/2006 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Texas. 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 40-year-old female who reported an injury on 06/07/2006. The mechanism of injury was that the injured worker fell out of a chair. The documentation of 07/26/2013 revealed that the injured worker had medications including Clonazepam, Cymbalta, Flexeril, Celebrex, Vicodin, Trazodone, Prilosec and Sumatriptan. The injured worker's diagnoses included severe chronic rhinitis and dysphagia, unspecified. The documentation of 11/04/2013 revealed that the injured worker had ongoing neck pain radiating to between the shoulder blades with associated headaches. The injured worker had ongoing complaints of swallowing difficulties. Physical examination revealed tenderness throughout the bilateral trapezius. The motor strength was 5/5. The diagnoses included status post a 07/11/2011 C5-6 total disc arthroplasty and C6-7 anterior cervical discectomy and fusion, cervical radiculopathy, left shoulder impingement, status post left shoulder surgery, obesity hypoventilation syndrome, primary hypertension, right cardiac failure, C5-6 and C6-7 disc displacement, cervical stenosis and symptomatic hardware at C6-7. The treatments requested were massage and a chiropractic trial 2 times a week for 3 weeks, Melatonin and Restoril at night and a laryngoscopy due to swallowing difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 100MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended, especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since 07/2013. There was a lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. The request for Trazodone 100 mg #90 is not medically necessary and appropriate.