

Case Number:	CM14-0032335		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2012
Decision Date:	10/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, psychological stress, major depressive disorder, and panic disorder reportedly associated with cumulative trauma at work first claimed on June 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; yoga; and corticosteroid injection therapy. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for fluoxetine and trazodone. Non-MTUS ODG Guidelines were invoked in favor of MTUS references. In a February 21, 2014 appeal letter, it was stated that the applicant was a [REDACTED]. The applicant had ongoing issues with depression, anxiety, frustration, and chronic pain. The applicant also had issues with insomnia. The applicant did report some diminution in anxiety and improvement in mood following introduction of Prozac. The applicant apparently stated that Prozac was working much better than the previous usage of Effexor. The note was likewise difficult to follow. The applicant was seemingly employing trazodone for both sleep and depressive symptoms, it was suggested. In another note dated January 15, 2014, the applicant posited that trazodone was not helpful and caused her to feel sedated. The attending provider stated that he would discontinue trazodone owing to reported side effects in this particular progress note. The attending provider suggested the applicant continue Prozac to try and ameliorate depressive symptoms. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fluoxetine 20mg #30. Between 12/4/2013-12/4/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Prozac may be helpful to alleviate symptoms of depression. In this case, the applicant was/is reporting ongoing issues with depression, anxiety, insomnia, mood disturbance, etc. Provision of fluoxetine was indicated to combat the same, particularly in light of the fact that the attending provider reported that introduction of fluoxetine was somewhat successful in ameliorating the applicant's mood. Therefore, the request was medically necessary.

Retrospective Trazadone 50mg #90 Between 12/4/2013-12/4/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402.

Decision rationale: While ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful to alleviate symptoms of depression, ACOEM qualifies its position by noting in Chapter 3, page 47, an attending provider should incorporate some discussion of medication efficacy and/or side effects into his choice of recommendations. In this case, the applicant did report that ongoing usage of trazodone had resulted in issues with sedation and that trazodone had not, in fact, been effective in ameliorating symptoms of either insomnia or depression. Continued usage of trazodone was not, thus, indicated. Therefore, the request was not medically necessary.