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| Case Number: | CM14-0040738 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 01/27/1995 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/06/2014 |

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 chronic headaches, hip pain, and elbow pain reportedly associated with an industrial injury of January 27, 1995. Thus far, the applicant has been treated with analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; muscle relaxants; extensive periods of time off of work. In a utilization review report dated March 21, 2014, the claims administrator partially certified a request for Trazodone, reportedly to offer the attending provider an ability to furnish additional documentation supporting usage of the same. In an April 1, 2014 progress note, the applicant was described as having persistent complaints of shoulder pain, hip pain, and reportedly severe headaches. The applicant had a past medical history notable for diabetes, strokes, myocardial infarction, psoriasis, psoriatic arthropathy, diplopia, temporomandibular joint, sexual dysfunction, and retinal detachment. The applicant was placed off of work. Baclofen was apparently endorsed for muscle spasm purposes. The applicant was asked to continue Trazodone. Lunesta, Voltaren gel, and Somantadine were sought. In an applicant questionnaire of April 1, 2014, the applicant stated that he had the worst disability possible in terms of performance of home activities, family responsibilities, recreation, social activities, occupational function, sexual function, and self-care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 MG Quantity 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 63-64, 68-69, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 7, 13.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as Trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly stated or posited how ongoing usage of Trazodone has been beneficial here. The applicant is off of work and has reportedly been deemed permanently disabled. The applicant appears to be using Trazodone for pain purposes as opposed to depression purposes, it is incidentally noted. However, Trazodone does not appear to have been altogether effective in ameliorating the applicant's pain complaints. The applicant continues to report severe shoulder and hip pain with associated headaches. The applicant is off of work. The applicant remains highly reliant and highly dependent on numerous other medications, including Voltaren gel, Baclofen, Lunesta, Lidoderm, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior Trazodone usage. Therefore, the request for Trazodone is not medically necessary.