

<b>Case Number:</b>	CM14-0060861		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Management and is licensed to practice in Tennessee. 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 patient is a 27-year-old female who has submitted a claim for lateral epicondylitis and carpal tunnel syndrome associated with an industrial injury date of April 9, 2010. Medical records from September 6, 2013 up to May 1, 2014 were reviewed showing continued pain in the volar and dorsal aspects of the wrists as well as the right radial wrist, lateral elbows, anterior shoulder, and both trapezii. She described nocturnal awakening from pain as well as numbness and tingling involving all of the fingers of both hands. She described weakness and decreased endurance in terms of performing repetitive, forceful or prolonged activities involving the hands. Review of systems revealed persistent depression, sleep problems, and anxiety dating back to the progress report on September 6, 2013. Progress report February 12, 2014 showed that the patient presented with bloating, heartburn, chest pain, and abdominal pain. Treatment to date has included Prilosec 1 tablet PO PRN for GI upset, tramadol, Dedracin cream, Norco, and Acetadryl. Utilization review from April 8, 2014 denied the request for Trazodone 50 mg #60 and Protonix 20 mg #60. A psychiatrist was consulted however official report was not made available in the records submitted. There was no medical rationale given for use of Trazodone. Documentation provided does not support the necessity for use of Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg, QTY: 60: Upheld**

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

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

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, there was no previous intake of trazodone. The patient had reported symptoms of depression, anxiety, and sleep disturbance since September 6, 2013. However, there was no mental status examination available for review. There was likewise no discussion concerning sleep hygiene. The medical necessity cannot be established due to insufficient information. Therefore, the request for Trazodone 50mg #60 is not medically necessary.

**Protonix 20 mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, medications such as omeprazole are recommended for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by CA MTUS when specific criteria are met, which include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, there was no previous intake of Protonix. The patient presented with bloating and heartburn as seen on progress report dated February 2, 2014. The medical necessity for PPI use has been established. Therefore the request for Protonix 20mg #60 is medically necessary.