

Case Number:	CM14-0063349		
Date Assigned:	07/11/2014	Date of Injury:	05/29/2009
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 33-year-old female with a 5/29/09 date of injury. At the time (4/24/14) of the Decision for Desyrel/Trazadone 150 mg #30, there is documentation of subjective (low back pain and depression) and objective (tenderness and spasms over the lumbar spine, limited lumbar spine range of motion, positive straight leg raise bilaterally, and weakness with bilateral knee extension) findings, current diagnoses (status post lumbar fusion and depression), and treatment to date (medications (including ongoing treatment with Oxycodone, Topamax, and Trazodone)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel/Trazadone 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; and SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-14; and 107.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of secondary depression or psychological symptoms associated with chronic pain, as criteria necessary to support the medical necessity of selective serotonin reuptake inhibitors. Furthermore, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of depression. In addition, there is documentation that patient remains significantly depressed and ongoing treatment with Trazadone. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date. Therefore, Desyrel/Trazadone 150 mg #30 is not medically necessary and appropriate.