MAXIMUS Federal Services

Case Number:	CM14-0069575		
Date Assigned:	07/14/2014	Date of Injury:	10/12/2000
Decision Date:	08/11/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 40 year old female who sustained an industrial injury on 10/12/2000. The mechanism of injury was not provided for review. Her diagnoses include cervical strain/sprain neck, lumbar degenerative disc disease, and reflex sympathetic dystrophy. She complains of continued bilateral hand pain, neck pain, and low back pain. On exam there is cervical and lumbar spasm. There is swelling, hyperhidrosis, and coolness in the upper extremities, with the right greater than the left. There is decreased sensation to pinprick and light touch in the entire right upper extremity with allodynia of the right hand. Treatment included medical therapy with Flexeril, Trazadone, OxyContin, and Trokendi. The treating provider has requested Trazadone 50mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Trazadone is a tricyclic antidepressant. Per California MTUS Guidelines,tricyclics are generally considered a first-line agent unless they are ineffective,poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week,whereas antidepressant effect takes longer to occur. There is no specific documentation indicating the medication has proved beneficial. The claimant is maintained on narcotics and an antiepileptic medication (Topamax) for treatment of her neuropathic pain. Trazadone is also indicated for the treatment of sleep disorders including insomnia and depression. There is no documentaiton indicating the presence of these conditions. Medical necessity for the requested item has not been established. The request for Trazodone 50mg #60 with 1 refill is not medically necessary.