

Case Number:	CM14-0078467		
Date Assigned:	07/18/2014	Date of Injury:	10/27/1997
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 low back pain, neck pain, and multifocal pain syndrome reportedly associated with an industrial injury of October 27, 1997. The claimant's diagnosis includes: Hypertension, hypothyroidism, insomnia, anxiety, and dyslipidemia. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications and extensive periods of time off of work. In a July 14, 2014 progress note, the applicant reported persistent complaints of 6-8/10 multifocal neck pain and back pain with associated spasm. The applicant also had issues with gastritis requiring usage of Prilosec. The applicant stated that ongoing usage of Trazodone had ameliorated issues with pain, insomnia, and anxiety. The attending provider suggested continuing Trazodone at a variable rate of 50 mg one to three tablets at bedtime on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone (unspecified dosage & quantity): Overturned

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

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

Decision rationale: As noted on page 13 of the guidelines, antidepressants are recommended as a first-line option for neuropathic pain, as is present here. The applicant has chronic pain syndrome implicating numerous body parts, including the low back and neck, superimposed on issues with anxiety and insomnia. The attending provider has incorporated some discussion of medication efficacy into the most recent progress note, noting that ongoing usage of Trazodone has been beneficial in terms of ameliorating the applicant's pain, insomnia, and anxiety. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.