

<b>Case Number:</b>	CM14-0099480		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/04/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year old female was reportedly injured on 6/4/1998. The mechanism of injury is undisclosed. The most recent progress note dated 7/7/14, indicates that there are ongoing complaints of pain in the head, neck, upper back, right shoulder, elbow, wrist and hand with radiation to both arms. Physical examination demonstrated tenderness to the trapezius, shoulders, hip greater trochanteric bursa bilaterally and lumbar paraspinal muscles; positive right Spurling's maneuver; decrease range of motion of the shoulders, cervical spine and lumbar spine; positive right Hawkins test; motor strength 4+/5 right shoulder abduction, right elbow flexion and grip bilaterally, otherwise 5/5 in upper extremities bilaterally; diminished sensation to bilateral C7, C8 dermatomes and to bilateral L5, S1 dermatomes; deep tendon reflexes 1+/4 in upper/lower extremities bilaterally. No recent imaging studies available for review. Diagnoses include chronic pain syndrome and opioid dependence. Previous treatment includes epidural steroid injections, trigger point injections, physical therapy, and acupuncture, transcutaneous electrical nerve stimulation (TENS) unit and medications to include Methadone, Trazodone, Zoloft, Lyrica, Ibuprofen and Flexeril. A request was made for Trazodone 50 milligrams quantity 120, Zoloft 50 milligrams quantity 60 which was not certified in the utilization review on 6/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures - Medications: Antidepressants (electronically sited).

**Decision rationale:** Trazodone (Desyrel) is an antidepressant and classified as a serotonin antagonist and reuptake inhibitor (SARI) with anti-anxiety and sleep inducing effects. Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support Trazodone for treatment of chronic cervicothoracic pain, low back pain, myofascial pain or neuropathic pain. Review of the available medical records, documents multiple complaints of pain after an injury in 1998. Furthermore, the claimant reported side effects to Trazodone in April 2014. This request is not considered medically necessary.

**Zoloft 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. SSRI's have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. Medical Treatment Utilization Schedule (MTUS) guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first line agent (tricyclic antidepressants). Review of the available medical records, fails to document a trial and or failure to first line agents. As such, this request is not considered medically necessary.