MAXIMUS Federal Services

Case Number:	CM14-0190695		
Date Assigned:	11/24/2014	Date of Injury:	04/12/2010
Decision Date:	04/22/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic pain syndrome and major depressive disorder (MDD) reportedly associated with an industrial injury of April 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; unspecified amounts of physical therapy; earlier lumbar spine surgery; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for trazodone. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant reported ongoing complaints of low back pain, status post earlier single-level lumbar fusion surgery. The applicant did have 4-6/10 low back pain complaints, in addition to issues with depression and anxiety, it was suggested. Tramadol, Naprosyn, Prilosec, and Desyrel were endorsed. The attending provider seemingly suggested that the applicant's complaints of depression and insomnia were incompletely controlled through Effexor alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 #30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression. Here, the request in question was seemingly framed as a first time request for the same. The attending provider seemingly suggested that the applicant's complaints of anxiety, depression, and insomnia were ineffectively controlled through usage of Effexor alone. Introduction of trazodone, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.