

Case Number:	CM14-0194588		
Date Assigned:	01/07/2015	Date of Injury:	03/17/2011
Decision Date:	02/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old male with an injury date of 03/17/11. The 11/11/14 report states that the patient presents with phantom limb pain which he rates as a 3/10. The pain is characterized as shooting, burning, and throbbing. He describes a sensation of tightness as well as pain that has significantly worsened at night. There are no further positive exam findings provided. The patient's diagnoses include the following: 1. Amputation through hand 2. Late effect of traumatic amputation 3. Phantom limb 4. CRPS, type II, upper extr. The utilization review determination being challenged is dated 03/17/11. There was one treatment report provided from 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/dosage/magnesium-sulfate.html>, Magnesium.

Decision rationale: The patient presents with phantom limb pain. The request is for Magnesium 500 mg #90. The utilization review denial rationale is that 'there is no evidence that this over-the-counter supplement is medically necessary for treatment of the patient's accepted industrial injury.' The 11/11/14 report states that the 'patient has not obtained the magnesium 500-mg tablet at any point.' According to <http://www.drugs.com/dosage/magnesium-sulfate.html>, Magnesium can be used for ventricular arrhythmia, seizure prophylaxis, renal problems, and liver problems. The 11/11/14 report does not indicate that the patient is diagnosed with any of these symptoms. In addition, there were no labs provided and there is no indication that the patient has a low Magnesium level. There is no discussion regarding why the provider is requesting for Magnesium. The requested Magnesium is not medically necessary.

Trazodone 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Medications for chronic pain Page(s): 13-15 and 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter under insomnia.

Decision rationale: The patient presents with phantom limb pain. The request is for Trazodone 50 mg #30. The patient was prescribed Trazodone on 11/11/2014, this was the only report provided. The utilization review denial letter rationale is that 'given the lack of documentation of efficacy on this patient, a refill of Trazodone does not appear to be medically necessary.' Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, 'Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur.' MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. ODG Guidelines pain chapter under insomnia has the following regarding amitriptyline: 'Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support the use for insomnia, but there may be an option in patients with coexisting depression.' The 11/11/2014 report states that 'the combination of Trazodone with Sentra PM allows the patient to obtain approximately 6 hours of sleep. Without the combination of this medication, the patient wakes up 1 to 2 hours with severe pain.' It appears as though the patient has problems sleeping at night, and Trazodone has been beneficial, allowing the patient to obtain 6 hours of sleep. Given that the patient has insomnia, the requested Trazodone is medically necessary.