

Case Number:	CM14-0195941		
Date Assigned:	12/03/2014	Date of Injury:	11/06/2013
Decision Date:	01/20/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/23/2014

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 Family 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:

This injured worker's date of injury is 11/06/2013. This patient receives treatment for chronic limb pain. His initial injury occurred while at work when the patient fell striking his head and injuring his right upper extremity. The patient had surgery on 05/15/2014 for right shoulder impingement syndrome with coracoacromial ligament release, Neer type acromioplasty, and modified Mumford procedure. The patient had an MRI of the cervical spine on 04/09/2014 which showed facet arthropathy and C3-C4 disc disease. On 04/25/2014 nerve conduction and EMG studies of the upper extremities showed no denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16-19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Major depression in adults by Wayne Katon, MD; UpToDate.com

Decision rationale: Trazodone is a tetracyclic anti-depressant medication indicated to treat major depressive disorders. Any other use is considered off label and experimental. The treating

physician states in the PR-2 form that the corresponding diagnosis for this requested medication is ulnar neuropathy. Based on the documentation, Trazodone is not medically indicated.