

Case Number:	CM14-0199148		
Date Assigned:	12/09/2014	Date of Injury:	01/20/2001
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Interventional Spine 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 49-year-old female with an injury date of 01/20/2011. Based on the 07/23/2014 progress report, the patient has symptoms of depression including depressed mood, anhedonia, sleep difficulty, fatigue, and diminished concentration, memory, and motivation. She also has symptoms of anxiety such as excessive worrying/tension, and frequent panic attacks. She rates her pain as moderate and indicates that the pain interferes with her functioning to a severe extent. She feels hopelessness, pervasive worry, and frequent panic attacks. The 09/17/2014 report indicates that the patient has increased levels of anxiety and increased frequency of pain flareups. She appeared to be quite anxious and was diagnosed with anxiety state. The 10/22/2014 report states that the patient has tendinitis of hand, depressive disorder, chronic pain syndrome, insomnia, and anxiety. She complains of having problems with sleep which causes headaches and other problems including increased depression. The patient reports of feeling fatigued and lethargic. She has arthralgias/joint pain (bilateral hands/elbow - right shoulder) and has numbness in her right hand. She also has dizziness, migraines, depression, sleep disturbance, restless sleep, and anxiety. The patient has a tremor on her right hand and exhibits significant guarding with the use of upper extremities. She has weakness in both her upper extremities. The patient's diagnoses include the following. 1. Tendinitis of hand. 2. Chronic pain syndrome. 3. Anxiety state. 4. Insomnia. 5. Depressive disorder. The utilization review determination being challenged is dated 10/30/2014. Treatment reports were provided from 06/17/2014 - 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia

Decision rationale: According to the 10/22/2014 report, the patient presents with tendinitis of her hand, depressive disorder, chronic pain syndrome, insomnia, and anxiety state. The request is for Trazodone 100 mg #30 with 2 refills. The patient was prescribed Trazodone on 10/22/2014. Regarding anti-depressants, MTUS Guidelines Antidepressants for chronic pain states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclic's are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have 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 their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In this case, the patient has been diagnosed with both depression and insomnia as early as 06/17/2014. It appears as though the treater would like to request Trazodone for the first time on 10/22/2014. Given that the patient is diagnosed with both depression and insomnia, the requested Trazodone is medically necessary.