

Case Number:	CM15-0008213		
Date Assigned:	01/26/2015	Date of Injury:	12/20/2012
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old male with an industrial injury dated December 20, 2012. The injured worker's diagnoses include pain in thoracic spine, cervicalgia/neck pain, joint pain on hand and joint pain of the shoulder. He has been treated with diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/30/14, the injured worker presented for evaluation for depression. Documentation noted that the injured worker was doing well on trazadone and recommendation was to remain on the medication, which helps him with restful, restorative sleep. The treating physician prescribed Trazodone 50 mg # 90 with three refills. Utilization Review (UR) determination on January 8, 2015 modified the request to Trazodone 50 mg # 60 without refills, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg # 90 with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Pain Chapter, Insomnia has the following regarding Amitriptyline

Decision rationale: Based on the 12/16/14 progress report provided by treating physician, the patient presents with low back pain that radiates to his right leg, neck pain and right thumb pain. The request is for TRAZODONE MG #90 WITH THREE REFILLS. Patient is status post surgery to the right hand on 07/25/13. Per progress report dated 12/16/14, the patient may return to modified work. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT 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) Tricyclics 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 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 their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. UR letter dated 01/08/14 has modified the request to Trazodone #90 with NO Refills. The patient has a diagnosis of post traumatic stress disorder, depressive disorder and anxiety disorder, per psychological report dated 04/29/14 and 06/07/14. Patient has been prescribed Trazodone by a psychiatrist, and reports improved sleep with medication, and no side effects, per psychological report dated 07/07/14. The request appears reasonable and to be in accordance with guideline criteria. Therefore, the request IS medically necessary.