

Case Number:	CM15-0103744		
Date Assigned:	06/08/2015	Date of Injury:	10/30/2000
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 53-year-old female, who sustained an industrial injury on October 30, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having myalgia and myositis, unspecified; postlaminectomy syndrome, cervical region; and depressive disorder not otherwise specified. Diagnostic studies to date have included urine drug screening. Treatment to date has included psychotherapy and medications including antidepressant, anti-anxiety, anti-epilepsy, muscle relaxant, pain, proton pump inhibitor, histamine 2 antagonist, and non-steroidal anti-inflammatory. On April 25, 2015, the treating physician notes that the injured worker has had a defibrillator placed for problems with prolonged QT interval. The injured worker reports that she is not currently using any illicit drugs and consents to a random urine drug screen on this date. She has been working through various issues and is trying to increase her activity. Past psychiatric services have been beneficial for her, and it is important for her to continue with the psychiatrist. The treatment plan includes refills of Trazadone and Famotidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 40ng #60 x 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug Information.

Decision rationale: According to UptoDate.com famotidine is used for maintenance therapy and treatment of duodenal ulcer; treatment of gastroesophageal reflux disease (GERD), active benign gastric ulcer; pathological hypersecretory conditions. In this case the patient has chronic pain. The documentation doesn't support that the patient has an appropriate diagnosis for the continued use of famotidine. There is no documentation of any stomach or gastrointestinal complaints. The continued use of Famotidine is not medically necessary.

Trazodone 100mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug Informations.

Decision rationale: The MTUS is silent regarding the use of Trazodone. Trazodone is an antidepressant, Serotonin Reuptake Inhibitor/Antagonist FDA approved for the use of depression. An off-label use is for insomnia. For the treatment of depression the dose is 150 mg daily in divided doses (may increase by 50 mg daily every 3 to 4 days); once daily doses at bedtime may be considered to minimize adverse effects (Haria,1994; Rawls,1982); maximum dose: 600 mg daily. Monitoring parameters are baseline liver function prior to and periodically during therapy; suicide ideation (especially at the beginning of therapy or when doses are increased or decreased); signs/symptoms of serotonin syndrome. In this case, the current dose is not a recommended dose for treatment of depression and the documentation doesn't show that the medication is being properly monitored. Therefore, it is not medically necessary.