

Case Number:	CM15-0107696		
Date Assigned:	07/20/2015	Date of Injury:	02/19/2009
Decision Date:	08/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency 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 51 year old male who sustained an industrial injury on 02/19/2009. Mechanism of injury was not documented. Diagnoses include muscle atrophy of the upper extremity, pain in joint of the upper arm, disturbance of skin sensation, chronic pain syndrome, myofascial pain, shoulder pain and lateral epicondylitis. Treatment to date has included diagnostic studies, medications, physical therapy, and a home exercise program. His medications include Tramadol and Neurontin. An unofficial report of an Electromyography study done showed bilateral carpal tunnel syndrome. His nerve study also revealed left C7 radiculitis. There is an unofficial report of a left shoulder Magnetic Resonance Imaging done on 09/30/2014 that showed status post acromioplasty and distal claviclectomy, rotator cuff repair and superior labral repair. There is mild postoperative scarring and tendinopathy at the lateral edge of the supraspinatus. There is a subtle partial tear at the lateral edge of the infraspinatus tendon, new from previous exam. There is some tendinopathy or slight fraying of the intraarticular component of the long head biceps tendon similar to previous study. A physician progress note dated 04/28/2015 documents the injured worker complains of right elbow pain and decreased range of motion. He describes his pain as aching in the left shoulder, low back and right elbow. He rates his pain as 7-9 out of 10 without medications. He is having difficulty sleeping due to pain. His pain is unchanged since his last visit. He was given a sample of Voltaren gel at his last appointment but he did not find it helpful. On examination sensation is intact and slightly decreased over the left upper extremity compared to the right upper extremity. He has tenderness over the cervical paraspinals and over the facet joints. Cervical spine range of

motion is reduced in all planes due to pain. He has diffuse tenderness over his right elbow, and decreased range of motion with flexion and extension. He has decreased range of motion of the left shoulder in all directions. He has a spring back arm test on the left, and crepitus is noted in the left shoulder, and it is tender to palpation. Treatment requested is for Desyrel (Trazadone) 50mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel (Trazadone) 50mg quantity 60: 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 (chronic), Mental Illness and Stress: Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Desyrel (Trazadone) 50mg quantity 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has right elbow pain and decreased range of motion. He describes his pain as aching in the left shoulder, low back and right elbow. He rates his pain as 7-9 out of 10 without medications. He is having difficulty sleeping due to pain. His pain is unchanged since his last visit. He was given a sample of Voltaren gel at his last appointment but he did not find it helpful. On examination sensation is intact and slightly decreased over the left upper extremity compared to the right upper extremity. He has tenderness over the cervical paraspinals and over the facet joints. Cervical spine range of motion is reduced in all planes due to pain. He has diffuse tenderness over his right elbow, and decreased range of motion with flexion and extension. He has decreased range of motion of the left shoulder in all directions. He has a spring back arm test on the left, and crepitus is noted in the left shoulder, and it is tender to palpation. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Desyrel (Trazadone) 50mg quantity 60 is not medically necessary.