

Case Number:	CM15-0013311		
Date Assigned:	04/06/2015	Date of Injury:	08/02/1996
Decision Date:	05/05/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 2, 1996. In a Utilization Review report dated December 24, 2014, the claims administrator apparently failed to approve several medications, including trazodone. An RFA form received on December 10, 2014 was referenced in the determination. The claims administrator's rationale for denial of trazodone was quite sparse. The applicant's attorney subsequently appealed. On July 21, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was off of work and receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Oxycodone, baclofen, and omeprazole were endorsed. The applicant had developed issues with dyspepsia. Highly variable pain complaints were reported. On December 8, 2014, the applicant was seemingly asked to begin usage of trazodone for issues with depression and insomnia. Highly variable 4-10/10 pain complaints were noted. The applicant was given refills of oxycodone, baclofen, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg tabs #30; 1 po qhs, 30 day fill; 0 refill, for depression due to cervical spine and right shoulder disorder as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants may be helpful to alleviate symptoms of depression. Here, the attending provider did suggest that the applicant had developed issues with depression, anxiety and insomnia secondary to chronic pain concerns. The request in question was framed as a first-time request for trazodone. Therefore, the request was medically necessary.