

<b>Case Number:</b>	CM15-0147204		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on February 18, 2013. He reported cumulative trauma. The injured worker was diagnosed as having cervical post-laminectomy syndrome, degeneration of cervical intervertebral disc, cervical radiculopathy, and impingement syndrome of the shoulder region. Treatments and evaluations to date have included chiropractic treatments, acupuncture, MRIs, cervical spine surgery, right shoulder surgery, epidural steroid injection (ESI), cervical spine fusion, left shoulder arthroscopy, x-rays, and medication. Currently, the injured worker reports posterior neck pain with right greater than left hand numbness. The Treating Physician's report dated July 10, 2015, noted the injured worker reported his neck and left upper extremity pain level a 2-3 out of 10 with medications and 5-6 out of 10 without medications, noting the chronic pain medication management allowed the injured worker to complete necessary activities of daily living (ADLs) such as walking, shopping, and light household chores. The injured worker's condition was noted to have drastically changed since his last office visit with progressive neck pain and numbness to the top of his head and radiating to hand numbness. The injured worker's current medications were listed as Flexeril, Ambien, Percocet, Allopurinol, Lisinopril, and Simvastatin, with Lyrica discontinued and Trazodone added. Physical examination was noted to show the cervical spine with severe pain and spasms to touch and with movement, flexion restricted, and positive Tinel's and Spurling's tests. The right shoulder was noted to have decreased range of motion (ROM) and tenderness to palpation over the anterior aspect with significant decreased grip. Dysesthesia was noted in the left fingers and hand. The treatment plan was noted to include an appeal for

medications of Percocet and Flexeril, with the addition of Trazodone and a request for authorization for an orthopedic surgeon consultation. The injured worker was noted to be temporarily totally disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trazodone 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Anti-depressants for chronic pain.

**Decision rationale:** According to the ODG, "antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Trazodone is a tetracyclic anti-depressant and has a lower inhibition of serotonin reuptake. The MTUS does not discuss it. The ODG references it only as a treatment option for those at risk for bleeding. There is no indication that this worker has a risk for bleeding or that he has tried a tricyclic anti-depressant or SSRI and experienced adverse effects. The use of Trazodone is not appropriate without a trial of first line anti-depressant demonstrating adverse effects. The request is not medically necessary.