

Case Number:	CM15-0180810		
Date Assigned:	09/22/2015	Date of Injury:	03/18/2013
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old male, who sustained an industrial injury on 03-18-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, rotator cuff rupture, and displacement of cervical intervertebral disc without myelopathy. Medical records (01-07-2015 to 08-06-2015) indicate ongoing increasing low back, neck, and right arm pain with radiation into the right hand. Pain levels were 9 out of 10 on a visual analog scale (VAS). Additional complaints included blurred vision on the right and pain in the nose. Records also indicate no changes in activity levels or function. Per the treating physician's progress report (PR), the IW has been placed on restrictive duties. The physical exam, dated 08-06-2015, revealed limited range of motion (ROM) in the cervical spine; tenderness to palpation over the cervical paraspinal musculature (no spinous process tenderness or masses); positive Spurling's maneuver on the right; restricted flexion, extension, and lateral and internal rotation of the right shoulder; tenderness to palpation over the anterior aspect of the right shoulder; positive Hawkin's and Yergason's tests; positive drop-arm test with weakness; limited rotation of the lumbar spine; tenderness to palpation over the bilateral paraspinal muscles consistent with spasms; sciatic notch tenderness; increased pain with piriformis stretching; positive lumbar facet-loading maneuver bilaterally; positive straight leg raises (seated and supine) on the right; and sacroiliac tenderness. There was also moderately decreased motor strength in the right shoulder flexion and abduction, decreased sensation, and decreased deep tendon reflexes. No changes were noted from previous exam dated 07-09-2015. Relevant treatments have included work restrictions, and medications (trazodone since at least 01-2015).

The treating physician indicates that a urine toxicology screening was completed and was negative. The PR (08-06-2015) shows that the following medication was requested: trazadone 50mg (1-2 tablets by mouth every day) #60. The original utilization review (08-19-2015) partially approved the request for trazadone 50mg #60 (modified to #40) for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone tab 50mg 1 to 2 tablets by mouth every day #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, Mental & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Trazodone is an anti-depressant and a serotonin antagonist and re-uptake inhibitor. Per the guidelines, anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of rationale, side effects or efficacy. The records do not support medical necessity for trazodone.