

Case Number:	CM15-0181132		
Date Assigned:	09/22/2015	Date of Injury:	08/27/2013
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
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: California, Indiana, New York
 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 56 year old male who sustained an industrial injury on 08-27-2013. Diagnoses include left shoulder impingement, rotator cuff strain, and bicipital tendinitis. A physician progress note dated 08-21-2015 documents the injured worker complains of neck and shoulder pain. He has numbness along the right hand. He has swelling along the right ring finger. He has positive shoulder impingement. He has positive Hawkins test and positive Speed's test. He has had 10 physical therapy sessions since his last surgery. In a physician note dated 06-19-2015, the injured worker complains of continued neck pain and shooting pain down his left arm. Medications included Naproxen, Trazodone, Aciphex, Norflex ER, Neurontin, and Ultracet. Treatment to date has included diagnostic studies, medications, status post left shoulder rotator cuff repair on 08-27-2013, and lysis of adhesions in April of 2014, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, elbow brace, and cortisone injections. An Magnetic Resonance Imaging of the left shoulder done on showed thinning of the rotator cuff with some wear along the acromioclavicular joint and some irregularities along the labrum. His current medications include naproxen, Trazodone and Effexor. He is working. The requested treatments include physical therapy 12 sessions, Topamax, Naproxen, and Four Leads Transcutaneous Electrical Nerve Stimulation unit. On 09-02-2015 the Utilization Review non-certified the requested treatment Effexor XR 75mg #60 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50mg #60 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured workers working diagnoses are left shoulder impingement, rotator cuff strain, and bicipital tendinitis status post arthroscopy with rotator cuff repair November 2013 and adhesive capsulitis with persistent symptoms and frozen shoulder; element of ulnar neuritis; radicular symptoms upper extremities; and element of stress, sleep disorder and sexual dysfunction. Date of injury is August 27, 2013. Request for authorization is August 26, 2015. According to a March 18, 2015 orthopedic progress note, current medications include trazodone, Effexor, Naprosyn, Aciphex, Norflex, and ultracet. According to an August 21, 2015 progress note, the injured worker has not been seen for approximately 5 months. Subjectively, the injured worker has ongoing shoulder and neck pain. The injured worker utilizes a TENS. The injured worker sees a psychiatrist (non-workers compensation). The documentation does not demonstrate objective functional improvement to support ongoing trazodone. The clinical indication for trazodone is not specified in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for ongoing trazodone and no documentation demonstrating objective functional improvement to support ongoing trazodone, Trazodone 50mg #60 is not medically necessary.

Effexor XR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Venlafaxine (Effexor) XR 75 mg #60 is not medically necessary. Effexor is an anti-depressant in a group of drugs called selective serotonin norepinephrine reuptake inhibitors (SSNRI). Anti-depressants are first-line option for neuropathic pain and possibly for non-neuropathic pain. Effexor is approved for anxiety, depression, panic disorder and social phobias. Off label uses include fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, the injured workers working diagnoses are left shoulder impingement, rotator cuff strain, and bicipital tendinitis status post arthroscopy with rotator cuff repair November 2013 and adhesive capsulitis with persistent symptoms and frozen shoulder; element of ulnar neuritis; radicular symptoms upper extremities; and element of stress, sleep disorder and sexual dysfunction. Date of injury is August 27, 2013. Request for authorization is August 26, 2015. According to a March 18, 2015 orthopedic progress note, current medications include trazodone, Effexor, Naprosyn, Aciphex, Norflex, and ultracet. According to an August 21, 2015

progress note, the injured worker has not been seen for approximately 5 months. Subjectively, the injured worker has ongoing shoulder and neck pain. The injured worker utilizes a TENS. The injured worker sees a psychiatrist (non-workers compensation). The documentation does not demonstrate objective functional improvement to support ongoing Effexor. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement (over the prior five months taking Effexor), Venlafaxine (Effexor) XR 75 mg #60 is not medically necessary.