

Case Number:	CM15-0189247		
Date Assigned:	10/01/2015	Date of Injury:	03/06/2012
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

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 47 year old female who sustained an industrial injury on 03-06-2012. Current diagnoses include chronic pain syndrome and major depressive disorder. Report dated 07-07-2015 noted that the injured worker presented for follow up. It was noted that Trazadone and Fetzima have improved depression and chronic pain in the injured worker since starting these medications in 01-2015. It was also noted that the prescribing physician has not seen the injured worker since the initial appointment in January. It was documented that the injured worker has been sleeping better with use of Trazodone, but still has nights when she awakens, and often takes an additional pill. The physician recommended higher doses of Fetzima and Trazodone. Physical examination was not performed. Previous treatments included medications, physical therapy, chiropractic, and acupuncture. Request for authorization dated 07-07-2015, included requests for Trazadone and Fetzima. The utilization review dated 08-26-2015, non-certified the request for Trazadone and Fetzima.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #90 with 6 refills, 2 1/2-3 q hs: 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. According to the ODG guidelines, tricyclics are also recommended for depression. In this case, the claimant has substance abuse history, back pain and depression. The neurologist had initiated Trazadone for sleep rather than for depression and pain. It is not indicated for a sleep disorder. In addition, the neurologist claimed that he is not the expert on psychiatric disorders. The request for Trazadone is not medically necessary.

Fetzima 80mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Fetzima is an SNRI and SSRI that is indicated for depression. The claimant's initial doctor did not provide adequate response so a neurologist increased the dose of Fetzima. The physician had stated that a psychiatrist should further evaluate the depressive disorder. In addition, there is no mention of failure of a traditional SSRI. Long-term need cannot be determined; therefore, the 6 refills of Fetzima is not medically necessary.