

Case Number:	CM15-0189487		
Date Assigned:	10/01/2015	Date of Injury:	02/11/2002
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
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: California, North Carolina
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 male, who sustained an industrial injury on 2-11-2002. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, muscle pain, cervical facet joint disease, cervical degenerative disc disease, rotator cuff syndrome, shoulder pain and neck pain. A recent progress report dated 7-13-2015, reported the injured worker complained of neck and shoulder pain, rated 8-9 out of 10 without medications and 5 out of 10 with medications. Physical examination revealed mild cervical paraspinal tenderness, full cervical range of motion and diffuse tenderness to palpation at the anterior shoulder bilaterally. Cervical magnetic resonance imaging showed found a cervical fusion from cervical 3-6 with disc protrusion at cervical 6-7. Treatment to date has included cervical epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), home exercise program, physical therapy, Norco for severe pain, Naproxen for anti-inflammatory use, Omeprazole to prevent gastrointestinal upset and Trazodone to treat insomnia associated with chronic pain (since at least 6-14-2011). The physician is requesting Desyrel (Trazodone) 50mg #60. On 8-26-2015, the Utilization Review noncertified the request for Desyrel (Trazodone) 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50mg #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 (ODG).

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) Sedating antidepressants.

Decision rationale: Trazodone is an antidepressant that is recommended for insomnia only in those with co-morbid psychiatric conditions. MTUS Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain and is a possibility for non-neuropathic pain. Trazodone is also used for insomnia for patients with concurrent depression. In this case, the patient has been taking Trazodone for insomnia secondary to pain since at least 6/14/2011. The medical record submitted does not indicate a co-morbid disorder such as depression or anxiety. The records do not indicate efficacy of the medication. There is also no documentation of pain assessment and functional improvement with Trazodone when used for chronic pain. Therefore, the request for Trazodone is not medically necessary or appropriate.