

Case Number:	CM15-0192147		
Date Assigned:	10/06/2015	Date of Injury:	05/17/2001
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 17, 2001. In Utilization Review reports dated September 13, 2015, the claims administrator failed to approve a request for trazodone. The claims administrator referenced an RFA form received on September 9, 2015 in its determination. The applicant's attorney subsequently appealed. On a progress note dated September 9, 2015, the applicant reported ongoing issues with neck and low back pain. The applicant contended that usage of Nucynta extended release and Nucynta immediate release were effectively attenuating her pain complaints. The applicant was no longer working and had reportedly retired, it was suggested. The applicant's complete medication list included Cymbalta, Lamictal, Lidoderm patches, Nucynta immediate release, Nucynta extended release, progesterone, Synthroid, Topamax, Desyrel, and Vival, it was reported. The applicant reported issues with sleep disturbance, it was reported in the Psychiatric Review of Systems section of the note but seemingly denied ancillary complaints of depression or anxiety. Nucynta and Desyrel were seemingly renewed. While the attending provider stated that Nucynta was ameliorating the applicant's pain complaints, no such discussion of medication efficacy transpired insofar as trazodone was concerned. On July 9, 2015, the applicant was asked to continue her current dosages of various medications. It was again stated that the applicant was stable from a chronic pain standpoint. The applicant's medications included Lamictal, Cymbalta, Lidoderm patches, Levoxyl, Nucynta, Nucynta extended release, progesterone, Synthroid, Topamax, Desyrel, and Vival, it was reported. The applicant denied any issues with depression or anxiety on this date.

Once again, no seeming discussion of medication efficacy transpired insofar as Desyrel (trazodone) was concerned. An earlier note of May 11, 2015 likewise made no mention of whether or not ongoing usage of trazodone was or was not beneficial. The applicant was described as having issues with persistent pain complaints, depression, and anxiety, it was stated in one section of the note while, somewhat incongruously, the applicant's psychiatric review of systems was negative for depression, anxiety, or sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30 with 11 refills: 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), Trazodone, <http://www.drugs.com/pro/desyrel.html>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as trazodone to exert their maximal effect, here, however, the applicant had seemingly been on trazodone for a minimum of several months as of the date of the request, September 9, 2015. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper use and so as to manage expectations. While a May 11, 2015 progress note stated that the applicant was having issues with depression and anxiety and while a September 9, 2015 office visit suggested (but did not clearly state) that the applicant had issues with sleep disturbance, neither of these progress notes explicitly stated (or implicitly suggested) whether or not ongoing usage of trazodone was or was not beneficial for whatever role it is being employed. It was not clearly stated whether trazodone was being employed for sleep, depression, anxiety, or some combination of the three and/or whether or not ongoing usage of trazodone had or had not proven beneficial in ameliorating the same. Therefore, the request was not medically necessary.