

Case Number:	CM15-0199798		
Date Assigned:	10/15/2015	Date of Injury:	05/23/2013
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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

Certification(s)/Specialty: Emergency 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 was a 31 year old female, who sustained an industrial injury, May 23, 2013. The injured worker was undergoing treatment for depressive disorder, chronic pain syndrome, cervical spine disc bulge, lumbar spine strain, right shoulder internal derangement, right index finger surgery times 4 with residual pain and chronic pain syndrome. According to progress note of August 20, 2015, the injured worker's chief complaint was right index finger instability. The injured worker was complaining of right hand cramping sometime. The subjective findings were right hand and fingers with full range of motion. The injured worker was alert and oriented times 4. The injured worker previously received the following treatments chiropractic services, NSAIDS, Trazodone 100mg in AM since June 4, 2015, Trazodone was reduced to 50mg at hour of sleep July 9, 2015, Gabapentin, physical therapy, injections, home exercise program and Flexeril. The RFA (request for authorization) dated August 20, 2015; the following treatments were requested a Trazodone 50mg #60 times 2. The UR (utilization review board) denied certification on September 18, 2015; for a prescription for Trazodone 50mg #60 times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter; Mental Illness and Stress Chapter - Trazodone (Desyrel).

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

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, it is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in pain, sleep or mood with this medication. Documentation does not show any benefit in patient's pain, depression or sleep problems. The number of refills is not appropriate. It would give the patient several months of unmonitored medications with no assessment of efficacy or benefit. The request for Trazodone with refills is not medically necessary.