MAXIMUS Federal Services

Case Number:	CM15-0207579		
Date Assigned:	10/26/2015	Date of Injury:	05/31/2005
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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 [redacted] beneficiary who has filed a claim for chronic neck, low back, upper back, hand, and finger pain reportedly associated with an industrial injury of May 31, 2005. In a utilization review report dated October 20, 2015, the claims administrator failed to approve a request for trazodone while apparently approving trigger point injections. An October 1, 2015 date of service was referenced in the determination. On said October 1, 2015 office visit, the applicant reported ongoing complaints of neck and upper extremity pain. The applicant's medication list included Ultracet and Celebrex, it was reported in one section of the note. The attending provider stated that he was starting Celebrex on October 1, 2015 in another section of the note. The attending provider suggested (did not clearly state) the applicant was having issues with insomnia. Trigger point injections were performed. The applicant was returned to regular work. Trazodone was apparently introduced for sleep purposes on the grounds that previously provided Elavil had generated unspecified side effects involving the skin. A September 3, 2015 office visit was again notable for the fact that the applicant was still working. The applicant's medication list included Ultracet, Elavil, and Celebrex, the treating provider reported on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg Qty: 60.00: Overturned

Claims Administrator 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) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Yes, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's October 1, 2015 office visit stated that trazodone is being introduced for the first time to combat issues with pain-induced insomnia. ODG's Chronic Pain Chapter, Trazodone Topic notes that trazodone (Desyrel) is the "most frequently prescribed insomnia agent" while ODG qualifies its position by noting that trazodone is not recommended as a first-time treatment for insomnia, here, however, the attending provider contended that previously prescribed amitriptyline (Elavil) had generated intolerable adverse effects. Introduction of trazodone was, thus, indicated on or around the date in question. Therefore, the first-time request for trazodone is medically necessary.