

Case Number:	CM15-0025357		
Date Assigned:	02/17/2015	Date of Injury:	05/06/2010
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 58 year old female injured worker suffered and industrial injury on 5/6/2010. The diagnoses were neck pain and bilateral carpal tunnel syndrome with reflex sympathetic dystrophy of the bilateral hands. The treatments were bilateral carpal tunnel releases, cervical nerve blocks and medications. The treating provider reported ongoing neck and upper extremity pain, numbness and tingling. The pain was rated 8/10. Tramadol improves her pain to a 6/10. The injured worker reported Trazadone helps with sleep (provides hours of sleep) and pain. The Utilization Review Determination on 1/29/2015 non-certified Trazodone 50 mg (Retrospective request dispensed 12/16/14) Qty 100.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg (Retrospective request dispensed 12/16/14) Qty 100.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-18.

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. Trazadone is not indicated for sleep. In addition, the claimant does not get a full night's sleep with the medication. Furthermore, the pain response to Tramadol was noted but not due to Trazadone. Continued and prolonged use of Trazadone is not medically necessary.