

Case Number:	CM15-0029357		
Date Assigned:	02/23/2015	Date of Injury:	03/07/2000
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 injured worker is a 57 year old male, who sustained an industrial injury on 3/7/2000. On 2/18/15, the injured worker submitted an application for IMR for review of Trazodone 50 mg #30 (1/2-1 tablet as needed at bedtime). The treating provider has reported the injured worker complained of ongoing neck pain that radiates to the left greater than the right occipital regions. The diagnoses have included cervical arthropathy, cervical strain, right carpal tunnel syndrome, occipital neuralgia. Treatment to date has included acupuncture (x35), two rhizotomies C4 -C7, trigger point injections C4-C7, two epidural steroid injections, MRI right shoulder (6/29/10), CT cervical spine (11/13/07). On 2/13/15 Utilization Review MODIFIED Trazodone 50 mg #30 (1/2-1 tablet as needed at bedtime) to #15. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #30 (1/2-1 tablet as needed at bedtime): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Trazodone 50 mg #30 (1/2-1 tablet as needed at bedtime) is not medically necessary.