

Case Number:	CM15-0032364		
Date Assigned:	03/23/2015	Date of Injury:	08/28/2009
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 71 year old male who sustained an industrial injury on 08/28/2009. While working on a roof he fell backward on a tree whose roots were exposed. He injured his left shoulder, neck and low back. Treatment to date includes left shoulder acromioplasty and Mumford procedure, physical therapy, H wave, MRI and muscle relaxants. He presents on 11/25/2014 with complaints of neck and shoulder pain. He states muscle relaxants help along with his other medications. Physical exam revealed spasms in the left shoulder region musculature. Diagnosis included left shoulder adhesive capsulitis, status post left shoulder total replacement, degenerative disc disease cervical spine, lumbar degenerative disc disease and possibility of cervical and lumbar radiculopathy, mild post concussive syndrome. Treatment plan included medications of trazadone 50 mg every hour of sleep # 30 and Topiramate 25 mg twice daily # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Trazodone 50 mg # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress-Trazodone (Desyrel) and Other Medical Treatment Guidelines J Head Trauma Rehabil. 2010 Jan-Feb;25(1):61-7. The effect of sleep medications on cognitive recovery from traumatic brain injury. Larson EB1, Zollman FS.

Decision rationale: One prescription of Trazodone 50 mg # 30 is medically necessary per the ODG. The MTUS does not address this issue. A 2010 article in the Journal of Head Trauma Rehabilitation titled, "The effect of sleep medications on cognitive recovery from traumatic brain injury" states that Trazadone can be used as an alternative agent in patients with a traumatic brain injury and insomnia. This patient is noted to have post concussive syndrome which indicates he had a mild traumatic brain injury. The documentation indicates that he has tried melatonin for sleep and this has not been beneficial. The ODG states that, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The documentation indicates that the patient has coexisting depression and anxiety. For all of these reasons Trazodone is appropriate and medically necessary.

One prescription of Topiramate 25 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16-22.

Decision rationale: One prescription of Topiramate 25 mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends antiepileptic againes for neuropathic pain (pain due to nerve damage). The recent documentation indicates that the patient complains of neck pain, shoulder pain, headaches and difficulty sleeping. There are no exam findings suggestive of neuropathic pathology. The request for Topiramate is not medically necessary.