

Case Number:	CM15-0037940		
Date Assigned:	03/06/2015	Date of Injury:	07/28/2010
Decision Date:	04/22/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60-year-old female, who sustained an industrial injury on July 28, 2010. She reported bilateral shoulder pain. The injured worker was diagnosed as having rotator cuff sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left and right shoulders, physical therapy, pain medications and work restrictions. Currently, the injured worker complains of shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 25, 2014, revealed continued pain in the shoulders. She reported an improvement with physical therapy. Medications were renewed. Evaluation on December 29, 2014, revealed continued left shoulder pain. Pain medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #30 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnosis is rotator cuff sprain and strain. A progress note dated December 29, 2014 shows the injured worker does not have coexisting mild psychiatric symptoms such as depression or anxiety. There are no complaints of insomnia or sleep difficulties. There are no neuropathic complaints medical record area the injured worker complains of left shoulder pain 7/10 with a limited physical examination. The indication for trazodone is unclear based on the documentation. Consequently, absent clinical documentation is a clinical indication and rationale in the absence of mild coexisting psychiatric symptoms such as depression or anxiety, Trazodone 50 mg #30 is not medically necessary.