

Case Number:	CM15-0039614		
Date Assigned:	03/10/2015	Date of Injury:	11/06/2013
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain, shoulder pain, posttraumatic headaches, ulnar neuropathy, and carpal tunnel syndrome reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for trazodone. The claims administrator referenced an RFA form received on February 11, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 6, 2014, the applicant reported ongoing complaints of neck pain, psychological stress, depression, and associated sleep disturbance. The applicant had also developed issues with weight gain. Ancillary complaints of shoulder and elbow pain were noted. The applicant was not working. A neck pillow was apparently endorsed. The applicant was minimizing performance of chores at home, it was incidentally noted. In a medical-legal evaluation dated December 3, 2014, the applicant reported ongoing issues with headaches, neck pain, jaw pain, shoulder pain, and elbow pain. The applicant also reported issues with depression, anxiety, and insomnia. On February 4, 2015, the applicant reported ongoing complaints of neck pain, headaches, arm pain, paresthesias, depression, and anxiety. The applicant had apparently returned to modified duty work as of this point in time. The attending provider contended that ongoing usage of Desyrel, Lidoderm, and Flexeril had proven effective. The applicant was asked to continue working. A neurology consultation was sought. An earlier note of January 9, 2015 also suggested that the applicant had returned to work, despite various issues with neck pain, depression, headaches, elbow pain, wrist pain, and chronic pain syndrome. Referrals to a

neurologist, psychiatrist, and dentist were endorsed, while Nalfon, Protonix, Norco, Lidoderm, Desyrel, and Flexeril were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression. Here, the applicant does have ongoing issues with depression, anxiety, and sleep disturbance, in addition to chronic pain issues. Ongoing usage of trazodone has attenuated some of the applicant's complaints, the attending provider has acknowledged. The applicant has responded favorably to the same, as evinced by his successful return to and/or maintenance of full-time work status. Continuing the same, thus, on balance, was indicated. Therefore, the request was medically necessary.