

Case Number:	CM15-0041759		
Date Assigned:	03/12/2015	Date of Injury:	05/20/2013
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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 injured worker is a 39-year-old male who sustained an industrial injury on 5/20/13. The injured worker reported symptoms in the left thumb. The injured worker was diagnosed as having pain in joint of hand, finger injury not otherwise specified and skin sensation disturbance. Treatments to date have included oral pain medications and H-wave therapy. A psychologist note on 10.22.14 indicated the claimant's PTSD and depressive symptoms were improving. A progress note on 12/4/14 from a psychologist indicates the claimant benefits from psycho pharmaceuticals. Currently, the injured worker complains of left thumb pain. The plan of care was for prescription refill and a follow up appointment in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

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

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, PTSD 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. In this case, the claimant had pain and PTSD. The claimant had been responding to medication and was under the care of a psychiatrist. The continued use of Trazodone is appropriate and medically necessary.

Lexapro 10mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain and SSRIs Page(s): 13-15 & 107-108.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) anti-depressants pg 19.

Decision rationale: According to the ODG guidelines, SSRIs such as Lexapro should be considered 1st line therapy for PTSD. It is also indicated for major depression. In this case, the claimant was responding to tricyclics (Trazodone) and Lexapro. The claimant was under the care of a psychologist who noted the claimant's beneficial response. As a result, the continued use of Lexapro is appropriate and medically necessary.