

Case Number:	CM15-0044270		
Date Assigned:	03/16/2015	Date of Injury:	09/11/2004
Decision Date:	04/20/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/09/2015

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 49 year old female, who sustained an industrial injury on September 11, 2004. She reported neck, low back and left shoulder pain. The injured worker was diagnosed as having left shoulder impingement syndrome and AC joint arthritis status post arthroscopic decompression, revision arthroscopy, chronic lumbosacral strain with discogenic disease at the lumbar 5 through sacral 1 levels and right shoulder pain and impingement. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck, low back and left shoulder pain. The injured worker reported an industrial injury in 2004, resulting in the above noted chronic pain. He has been treated with multiple conservative therapies and surgical interventions without resolution of the pain. Evaluation on July 11, 2012, revealed continued pain. She reported requiring medications to remain functional. She reported sleep disturbances and required a sleep aid. She reported a history of three months relief with an epidural steroid injection and relief for a couple of weeks with a pain injection. Acupuncture was discussed. Evaluation on August 22, 2012, revealed right shoulder abnormalities noted on recent MRI. Treatment was discussed. Evaluation on March 4, 2015, revealed ongoing left shoulder and low back pain. Medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG #60: 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 Official Disability Guidelines (ODG) Stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #60 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 diagnoses are chronic low back pain; chronic left shoulder pain status post surgery August 2009; and right shoulder. Trazodone is indicated when there are potentially mild coexisting psychiatric symptoms such as depression or anxiety. Review of the medical records show Trazodone first appeared in a March 8, 2012 progress note. There were no clinical indications of depression or anxiety. Similarly, in a progress note dated January 9, 2014 and January 14, 2015, there were no coexisting psychiatric symptoms such as depression or anxiety. Additionally, there were no subjective symptoms indicating sleep difficulties and no diagnoses referencing insomnia. Consequently, absent clinical documentation with an indication of sleep difficulties or insomnia with coexisting mild psychiatric symptoms such as depression or anxiety, Trazodone 50 mg #60 is not medically necessary.