MAXIMUS Federal Services

Case Number:	CM15-0055718		
Date Assigned:	04/01/2015	Date of Injury:	11/01/2001
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 42 year old female, who sustained an industrial injury on November 1, 2001. The injured worker was diagnosed as having unspecified disorder of autonomic nervous system. Treatment and diagnostic studies to date have included intrathecal pump, oral medication and exercise. A progress note dated March 4, 2015 provides the injured worker complains of pain in arms and legs. She reports her pain is 4/10 and that she is doing well. At times the pain increases to 7/10. She reports her current regimen keeps her comfortable. Physical exam notes full range of motion (ROM) with strength 5/5 in all extremities. The plan is to refill her intrathecal pump, tapering off methadone, oral medications and continue exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 66, 76-80, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13.

Decision rationale: MTUS 2009 states that first line medications to address the depressive component of chronic pain should start with tricyclic anti-depressants and SNRIs. As is noted in the included reports. The patient has been prescribed Trazodone for a long period of time without any obvious untoward effects. The initial use of Trazodone does not adhere to MTUS 2009 since the medication pathway was not followed. However, Trazodone is not contraindicated for use in this situation and it has been used without obvious problems. It is not clear that first line medications would offer superior efficacy. Therefore, this request for #30 Trazodone is medically necessary even though its initial use does not adhere to MTUS 2009.