

Case Number:	CM15-0081281		
Date Assigned:	05/04/2015	Date of Injury:	05/02/2005
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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, Florida, 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 injured worker is a 55 year old male, who sustained an industrial injury on 5/2/2005. He reported injury of the neck, left elbow, bilateral shoulders, and right knee. The injured worker was diagnosed as having pain in joint involving lower leg, myalgia, myositis, thoracic/lumbosacral neuritis/radiculitis, headache, cervical disc intervertebral disc disorder with myelopathy, brachial neuritis or radiculitis, cervical intervertebral disc degeneration, cervical post-laminectomy syndrome, and cervicgia. Treatment to date has included medications, and neck surgery. The request is for Trazodone and Fioricet. On 4/1/2015, he was seen for headaches, neck, left shoulder and right knee pain. The records indicate he has a history of failed neck syndrome with chronic cervical symptoms and headaches. The records stated he had been trialed and failed multiple long acting and short acting opioids, and is currently only utilizing Fioricet occasionally. He complained of worsened headaches, neck, left shoulder and right knee pain. He indicates he has had a migraine for 8 days with no relief from his medications. The treatment plan included: follow up in one week for a 2nd injection, synvisc injection to the right knee, and continuation of MS Contin, Fioricet, Trazodone, Zoloft, Carisoprodol, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone HCL 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: The claimant was injured 10 years ago. There is reported continued pain. There is not mention of depression. The objective benefit in using antidepressants for pain control is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary and appropriately non-certified.