

Case Number:	CM15-0081662		
Date Assigned:	05/05/2015	Date of Injury:	10/26/1998
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
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, 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 57-year-old who has filed a claim for chronic hand, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of October 26, 1998. In a Utilization Review report dated April 13, 2015, the claims administrator apparently conditionally approved a request for trazodone (Desyrel). The claims administrator referenced a RFA form dated April 7, 2015 in its determination. The full text of the Utilization Review report, it is incidentally noted, was not provided with the application. The applicant's attorney subsequently appealed. In a February 20, 2015 RFA form, Effexor, physical therapy, and trazodone were endorsed. On April 6, 2015, the applicant reported ongoing complaints of neck pain, highly variable, 3-8/10. Bilateral upper extremity paresthesias were also reported. The applicant's medication list included Adderall, Ambien, Effexor, Norco, Zocor, Soma, Desyrel, and AcipHex. The applicant was apparently asked to continue various medications, including Norco and Soma in conjunction with an elbow epicondylitis strap. The applicant reported issues with insomnia two to three times a week. The attending provider's documentation did not seemingly incorporate any discussion of medication efficacy insofar as trazodone was concerned. The applicant was asked to continue acupuncture. In an earlier note dated December 8, 2014, the applicant again reported ongoing complaints of neck and upper back pain, highly variable, 3-6/10, with derivative complaints of headaches. The applicant did report insomnia twice to thrice weekly. The applicant's medications included Effexor, Norco, Zocor, Soma, Desyrel, Ambien, and Adderall. It was again stated that the applicant had issues with anxiety, depression, and insomnia associated with her chronic pain complaints. Trazodone and physical therapy were

endorsed, as was additional psychotherapy. On February 9, 2015, the attending provider stated that the applicant's pain complaints were heightened. Trazodone and Effexor were endorsed. It was stated toward the bottom of the report that trazodone and Effexor were needed for anxiety, depression, sleep, and/or chronic pain purposes. The attending provider did state, toward the bottom of the report, that the combination of trazodone and Effexor were attenuating her depressive symptoms and/or ameliorating her ability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone tab 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for trazodone, 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 attending provider's progress note of February 9, 2015 did suggest that the applicant's issues with anxiety, depression, and insomnia had, to some extent, been attenuated with ongoing trazodone and Effexor usage. The attending provider stated that the applicant's depressive symptoms had responded favorably to ongoing trazodone usage and also suggested that the applicant's ability to sleep had likewise been ameliorated as a result of ongoing trazodone consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.