

Case Number:	CM15-0086915		
Date Assigned:	05/11/2015	Date of Injury:	01/15/2014
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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: Emergency 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:

This is a 42-year-old male with a January 15, 2014 date of injury. A progress note dated April 6, 2015 documents subjective findings (chronic neck and thoracic spine pain; lower back pain; tightness of the right shoulder blade; difficulty sleeping), objective findings (antalgic gait; normal muscle tone without atrophy in all extremities; normal strength in all extremities; spinous process tenderness of C4, C5, C6, and C7; increased pain of the range of motion; tenderness of the paravertebral muscles and hypertonicity of the cervical spine; tenderness to palpation over the bilateral upper thoracic paraspinal musculature, right greater than left; presence of muscle spasm just lateral to the spinous process), and current diagnoses (neck pain; pain in thoracic spine; sprain/strain lumbar region). Treatments to date have included transcutaneous electrical nerve stimulator unit (improves pain), medications, x-rays of the lumbar and thoracic spine (February 27, 2015; showed mild retrolisthesis of L4 relative to L5, may be due to degenerative facet changes; mild degenerative disc space narrowing of the mid thoracic spine), magnetic resonance imaging of the cervical spine (February 21, 2014; showed mild multilevel disc desiccation), and physical therapy. The medical record identifies that over the counter medications do not adequately control the pain, and that Trazodone helps to improve sleep quality. The treating physician documented a plan of care that included Trazodone.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for ChronicPain, Pages 13-15 Page(s): 13-15.

Decision rationale: The requested Trazodone 50 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has chronic neck and thoracic spine pain; lower back pain; tightness of the right shoulder blade; difficulty sleeping. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50 mg #60 is not medically necessary.