

Case Number:	CM15-0098125		
Date Assigned:	05/29/2015	Date of Injury:	07/02/2007
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 65-year-old who has filed a claim for chronic neck, low back, shoulder, arm, and elbow pain reportedly associated with an industrial injury of July 2, 2007. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for trazodone (Desyrel). The claims administrator referenced a RFA form received on April 21, 2015 and associated progress note of April 14, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 14, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of neck and low back pain status post earlier failed lumbar and cervical spine surgeries in 1999 and 2013 were reported. The applicant had also ancillary complaints of shoulder and elbow pain. The applicant was asked to continue Norco and trazodone. 8/10 pain without medications versus 4/10 pain with medications were reported. It was suggested, through pre-printed checkboxes, that trazodone was being employed for issues with insomnia, depression, and/or psychological stress. It was not stated, however, whether or not ongoing usage of tramadol was or was not effective in attenuating the same. On March 12, 2015, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, elbow, and shoulder pain. The applicant was again described as using Norco and trazodone on this date. Issues with depression, psychological stress, and insomnia were reported, once again, through pre-printed checkboxes. No discussion of medication efficacy insofar as trazodone was concerned seemingly transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg (unspecified quantity): 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 & Stress; Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone often take "weeks" to exert their maximal effect, here, however, the applicant had been using trazodone for a period what appeared to have been a minimum of several months. As of the April 14, 2015 progress note at issue, the applicant continued to report issues with depression, anxiety, and insomnia; it was reported on that date, admittedly through pre-printed checkboxes. The attending provider failed to outline much discussion of medication efficacy insofar as trazodone was concerned. The fact that the applicant continued to remain off of work, on total temporary disability, coupled with the fact that the applicant continued to report symptoms of anxiety, depression, psychological stress, and insomnia, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.