

Case Number:	CM14-0113039		
Date Assigned:	08/01/2014	Date of Injury:	09/22/2005
Decision Date:	09/19/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female who reported an injury on 09/22/2005 due to stress related work changes in 2005. The injured worker was diagnosed with lumbar degenerative disc disease. Past diagnostic tests included an MRI was noted on 08/28/2013 indicating the injured worker had a mild diffused disc bulges at all levels with moderate facet arthropathy along with moderate-severe right and moderate left neural foraminal narrowing at L5-S1. There were no past surgeries noted. There is no evidence of any recent physical exams indicated to provide the injured worker's complaints or objective physical findings. A psychiatric evaluation was conducted on 06/24/2014 that indicated the injured worker was lethargic. There was no other subjective or objective information noted from the psychiatric examination. Medications included Cymbalta 30mg and Trazodone 100mg. The treatment plan from the psychiatric evaluation stated to continue taking medications to avoid relapse/deterioration of the injured worker's condition and to have a follow up evaluation in 6 to 8 weeks. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Trazodone 100mg, #30 is not medically necessary. There were no current documented findings of the injured worker's complaints or a physical examination for objective findings. A psychiatric evaluation was conducted on 06/24/2014, which indicated the injured worker was lethargic. The California MTUS Chronic Pain Guidelines state an assessment of treatment efficacy of antidepressants should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. There is no evidence of a current physical examination that has been provided from the treating physician. Additional information is needed to support the effectiveness of pain, function, medication and sleep quality in the injured worker's condition. As such, the request of Trazodone 100mg, #30 is not medically necessary.