

Case Number:	CM14-0135809		
Date Assigned:	09/03/2014	Date of Injury:	03/27/2003
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 71-year-old female who reported a work related injury on 03/27/2003. The mechanism of injury was not provided for review. The injured worker's diagnosis consists of chronic low back pain. Past treatments were not provided for review. Surgical history and diagnostic testing were not provided for review. Upon examination on 07/10/2014, the injured worker complained of chronic low back pain. The pain was noted to be aggravated with involuntary and sudden movement. Upon physical examination, it was revealed that the injured worker had low back pain. It was also noted that the injured worker had decreased range of motion and limited daily activity. The injured worker's prescribed medications include Opana, oxycodone, Soma, muscles relaxants, Cymbalta for depression, and Elavil for mood disorder, depression, anxiety, and panic disorder. The treatment plan consisted of trazodone, Soma, Cymbalta, Opana, oxycodone, and to discontinue amitriptyline due to severe side effects. The rationale for the request and a request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg 1 tab daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13,14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for no neuropathic pain. Antidepressants are especially recommended if they are accompanied by insomnia, anxiety, or depression. Within the documentation, there should be evidence of decrease in pain and objective functional improvement to include an assessment in the change with the use of the analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation provided for review, there is a lack of documentation of the efficacy of trazodone. The documentation lacked objective functional benefit and an objective decrease in pain with the use of medication. Additionally, documentation did not provide any changes with the use of other medications, sleep quality and duration, and psychological assessment. As such, the request for Trazodone 100mg 1 tab daily #30 is not medically necessary.