

Case Number:	CM14-0145951		
Date Assigned:	09/12/2014	Date of Injury:	03/14/2002
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine, 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:

This is a 71-year-old female with a 3/14/02 date of injury. She injured her neck and back when she attempted to lift a patient from his bed to a wheelchair. According to a progress report dated 8/12/14, the patient complained of bilateral shoulder pain with worsening right hand numbness. She also complained of worsened bilateral neck pain and low back pain. Objective findings: diminished ROM of neck, tender right cervical facets at multiple levels, tender over bilateral lower lumbar facets, tender over upper and middle cervical side, restricted and painful ROM of lower back, decreased sensation over lateral aspect of right lower arm and hand radial side. Diagnostic impression: spinal stenosis of lumbar region; postlaminectomy syndrome, cervical and lumbar region; cervical spondylosis without myelopathy; sciatica; spinal stenosis in cervical region; chronic pain syndrome; spondylosis with myelopathy, lumbar region; degeneration of cervical/thoracic/thoracolumbar intervertebral disc; lumbago; primary localized osteoarthritis, shoulder region. Treatment to date: medication management, activity modification, surgery, physical therapy, injections. A UR decision dated 8/26/14 denied the requests for Trazodone and Amitriptyline. Regarding Trazodone, despite it's use, the patient has reported worsening sleep pattern and function. There is no clear indication that Trazodone has been of recent benefit for sleep. Regarding Amitriptyline, the patient's sleep function had not appeared to improve based on medication use, which included Trazodone and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone HCL 100mg #90 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Trazadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Trazodone

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In the most recent progress report provided for review, there is no documentation that the patient is suffering from insomnia. In addition, there is no documentation that the patient suffers from or has a diagnosis of depression and/or anxiety. Therefore, the request for Trazodone HCL 100mg #90 with 3 refills was not medically necessary.

Amitriptyline HCL 100mg #90 with 3 refills.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. The patient is noted to have neuropathic pain with worsening right hand numbness and a diagnosis of sciatica. Guidelines support the use of Amitriptyline as a first-line agent for neuropathic pain. Therefore, the request for Amitriptyline HCL 100mg #90 with 3 refills was medically necessary.