

Case Number:	CM14-0213804		
Date Assigned:	12/31/2014	Date of Injury:	09/01/1989
Decision Date:	02/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a retired female with an undocumented age and a date of injury of 9/1/89. The treating physician report dated 10/1/14 (15) indicates that the patient presents with pain affecting her low back and bilateral wrists and hands. The physical examination findings reveal shoulder elevation and abduction is normal to 90 degrees with quite a bit of difficulty and there is some weakness to resisted function especially on the right side. Tinel's at the wrists are mild. Her pain is increasing and she is not doing any chores around the house nor is she currently working. Prior treatment history includes trigger point injections as well as epidural injections, surgical release in 1991 and 1992 for both wrists and hands, use of hot and cold wraps as well as soft and rigid braces, TENS unit, neck pillow, neck traction with air bladder, back brace, medications and one elbow support. Undated MRI findings reveal spinal stenosis. Undated nerve studies showed weak findings of L5 radiculopathy. An additional undated nerve study shows moderate carpal tunnel findings more on the left than the right. Lastly an undated MRI of the left shoulder showed partial tear of rotator cuff. The current diagnoses are: Discogenic lumbar condition with radicular component down the lower extremities, Carpal tunnel syndrome bilaterally status post surgery, Chronic pain syndrome. The utilization review report dated 11/22/14 modified the request for Trazodone 50mg #30 to Trazodone 50mg #15 for weaning based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting low back and bilateral wrists and hands. The current request is for Trazodone 50mg #30. The treating physician report dated 10/1/14 (15) states; "She will get prescription for ... Trazodone 50 mg (#30)." Trazodone is an antidepressant medicine. In this case, the clinical records note the patient "has issues with sleep, stress and depression." However, the treater does not explain what this medication is to be used for but it would appear that it is prescribed for sleeping troubles. It is also unclear how long the patient has been prescribed this medication. MTUS Guidelines do support the use of antidepressants for neuropathic pain. In regards to it's use for insomnia, ODG guidelines support it if concurrent depression is documented. In this case, the treating physician does not diagnose the patient with depression and there is no documentation of pain or function as required by MTUS page 60. The current request is not medically necessary and the recommendation is for denial.