

Case Number:	CM15-0018180		
Date Assigned:	02/24/2015	Date of Injury:	10/10/2001
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

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:

This 51 year old female sustained an industrial injury on 10/10/01. She subsequently reports chronic back pain. Diagnoses include cervicogenic disc disease with facet inflammation as well as right sided radiculopathy and lumbogenic disc disease with right S1 radiculopathy. The injured worker has undergone MRIs and EMG testing in the past. Treatments to date have included TENS therapy, injections, physical therapy and prescription pain medications. On 1/19/15, Utilization Review non-certified a request for Trazadone 50 mg #30 and Pain management referral. The Trazadone 50 mg #30 was denied based on ODG guidelines. The Pain management referral was denied based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury. The Trazodone 50 mg #30 is not medically necessary and appropriate.

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Independent Medical Examinations and Consultations, page 127.

Decision rationale: Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged non-complex medication profile. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated complaints currently under care. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Pain Management referral is not medically necessary and appropriate.