

Case Number:	CM15-0115480		
Date Assigned:	06/23/2015	Date of Injury:	02/03/2014
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency Medicine

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 52 year old female, who sustained an industrial injury on 2/3/2014. Diagnoses have included pain in shoulder joint and pain in lower leg joint. Treatment to date has included medication. According to the progress report dated 4/17/2015, the injured worker complained of bilateral shoulder pain. She was scheduled for right shoulder surgery on May 28. She also complained of back pain and radicular pain in her legs. She reported that trazodone was helpful in reducing her insomnia. The injured worker had an antalgic gait. Spasm and guarding were noted in the lumbar spine. She had severe tenderness over the shoulder capsule. Authorization was requested for Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Anti-depressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested 1 prescription of Trazadone 50mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker has bilateral shoulder pain. She was scheduled for right shoulder surgery on May 28. She also complained of back pain and radicular pain in her legs. The injured worker had an antalgic gait. Spasm and guarding were noted in the lumbar spine. She had severe tenderness over the shoulder capsule. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, 1 prescription of Trazadone 50mg #60 is not medically necessary.