

Case Number:	CM15-0120983		
Date Assigned:	07/01/2015	Date of Injury:	05/26/2011
Decision Date:	08/12/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: Preventive Medicine, Occupational 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 27 year old female, who sustained an industrial injury on 5/26/2011. Diagnoses were not listed. Treatment to date has included surgery and medication. According to the progress report dated 4/30/2015, the injured worker complained of significant left leg pain; more pain than before surgery. She complained of numbness of the left leg, second and third toes. She was using a bone stimulator. She complained of difficulty sleeping due to pain. Previous progress noted documented back pain with hypersensitivity towards the left buttock area. Authorization was requested for Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic anti-depressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous anti-depressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazodone 50mg #30 is not medically necessary.