

<b>Case Number:</b>	CM15-0124381		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 55-year-old male, who sustained an industrial injury on 5/12/2014. He reported falling from scaffolding, injuring his neck, mid back, lower back, left shoulder, left arm, left hip and left knee. Diagnoses have included thoracic sprain, cervical sprain, lumbosacral sprain, intervertebral disk (IVD) displacement without myelopathy, left shoulder sprain/strain with labral tear and rotator cuff infraspinatus tear, left knee sprain, headaches, probable postconcussion and myalgia/myositis. Treatment to date has included physical therapy, chiropractic treatment and medication. According to the progress report dated 5/13/2015, the injured worker complained of knee pain rated 6/10, hip pain rated 4/10 and left shoulder pain rated 7.5/10. He also reported memory loss. He complained of constant headaches rated 4/10. He complained of thoracic and cervical pain rated 6/10 and left buttock pain rated 4. 5/10. Objective findings revealed positive Milgram's test. Straight leg raise was 70 degrees bilaterally with lower extremity pain observed. 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 Trazodone 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 (Desyrel).

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

**Decision rationale:** The requested 1 prescription of Trazodone 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 knee pain rated 6/10, hip pain rated 4/10 and left shoulder pain rated 7.5/10. He also reported memory loss. He complained of constant headaches rated 4/10. He complained of thoracic, cervical pain rated 6/10, and left buttock pain rated 4.5/10. Objective findings revealed positive Milgram's test. Straight leg raise was 70 degrees bilaterally with lower extremity pain observed. 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 Trazodone 50mg #60 is not medically necessary.