

Case Number:	CM15-0129115		
Date Assigned:	07/15/2015	Date of Injury:	01/27/2011
Decision Date:	08/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: Family Practice

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 32 year old woman sustained an industrial injury on 1/27/2011. The mechanism of injury is not detailed. Diagnoses include causalgia or upper limb, brachial plexus lesions, thoracic neuropathy, cervical disc degeneration, ulnar nerve degeneration, shoulder and arm sprain/strain, and adhesive capsulitis. Treatment has included oral medications and acupuncture. Physician notes dated 11/13/2014 show complaints of increased right shoulder pain. Recommendations include spinal cord stimulator, psychiatric consultation, schedule authorized orthopedic consultation, Exalgo, Baclofen, taper Dilaudid, Opana, pain management counseling, stop Lunesta, stop Trazadone, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: This injured worker receives treatment for chronic pain syndrome, opioid dependence, anxiety, and depression with insomnia. This relates back to a work-related episode date 01/27/2011. This review addresses a request for refills of trazodone. The documentation states that the patient's medication list shows a drugs with significant clinical overlap; for example, three different opioids, two anxiolytics (Valium and Xanax), and two for insomnia (Lunesta and trazodone). The documentation does not indicate an assessment of return to function, nor does it rate the efficacy of these treatments. The treating physician recommends the patient continue taking trazodone for insomnia and depression. The treatment guidelines recommend that the documentation must state reduction in pain, improvement in function, changes in use of other pain medications, sleep quality and duration, and effect on mood. A PHQ-9 questionnaire can document the patient's mood. The documentation does not adequately provide these details. Trazodone is not medically necessary.