MAXIMUS Federal Services

Case Number:	CM15-0170786		
Date Assigned:	09/11/2015	Date of Injury:	08/27/2011
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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 53-year-old male, with a reported date of injury of 08-27-2011. The diagnoses include chronic pain syndrome, shoulder pain, occipital headache, post-traumatic headache, neck pain, cervical spine degenerative disc disease with radiculopathy, knee pain, lumbar back pain, chronic depression, and chronic insomnia. Treatments and evaluation to date have included oral medications, including Trazodone since at least 03-2015, and injections. The diagnostic studies to date have not been included in the medical records provided for review. The medical report dated 05-21-2015 indicates that the injured worker currently had a migraine and requested GONB (greater occipital nerve block) injections and trigger point injections. He stated that his left knee pain was worsening and he had difficulty standing and walking. The injured worker's pain as located in his head, right arm, left leg, right shoulder, right elbow, right hand, left knee, bilateral low back, and left ankle and foot. There was no change in pain control sine the last visit. In the last month, the injured worker stated that the least pain was rated 7 out of 10; the average pain was rated 8 out of 10; and the worst pain was rated 9 out of 10. In the last month without medications, the injured worker stated that the least pain was rated 9 out of 10; the average pain was rated 9 out of 10; and the worst pain was rated 10 out of 10. The injured worker could tolerate a pain level of 3 out of 10. He used a cane for assistance. The injured worker awakened on the average of two times per night. The physical examination showed tenderness to palpation over the bilateral greater occipital nerves where the injections were administered, taut bands and pain on palpation at the maximal point of tenderness in the right upper and lower trapezius muscles where the trigger point injections were administered,

decreased range of motion of the left knee due to pain, crepitus to range of motion with slight swelling, and laxity to the left knee. The injured worker's work status was not discussed. The request for authorization was not included in the medical records. The treating physician requested Trazodone 50mg #35 and increased Viibryd 40mg #90. On 08-28-2015, Utilization Review non-certified the request for Trazodone 50mg #35; and increased Viibryd 40mg #90 due to no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and-or a reduction in the use of medications or medical services as a result of Trazodone and Viibryd use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-Depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address the use of trazodone. The ODG reports that trazodone is a sedating antidepressant and one of the most commonly prescribed agents for insomnia. Improvements in sleep onset with use of trazodone may be offset by negative next day effects such as ease of awakening. Tolerance to trazodone may develop and rebound insomnia has been found after discontinuation. In this case, the injured worker has used this medication for some time yet there is no documentation of increases in quality or duration of sleep, therefore, the request for Trazodone 50mg #35 is not medically necessary.

Increased Vilbryd 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as Vilbryd are effective at addressing psychological symptoms associated with chronic pain and in the treatment of depression. Although the injured worker has used this medication for some time, there is no objective documentation of pain relief, relief of depression or increase in function. The request for increased Vilbryd 40mg #90 is not medically necessary.