MAXIMUS Federal Services

Case Number:	CM15-0175328		
Date Assigned:	09/16/2015	Date of Injury:	06/23/2011
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, 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 injured worker is a 48 year old female who reported an industrial injury on 6-23-2011. Her diagnoses, and or impressions, were noted to include: protruded cervical disc with degenerative joint disease; stuttering; psychotic disorder; and rule-out anxiety disorder. No current imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation; psychiatric evaluation and treatment; physical therapy; medication management; and rest from work. The initial treating physician's evaluation notes of 5-8-2015 reported: a spinal injury at the time of the assault; the sudden onset of numbness in her face, with asymmetry over her chin and mouth and no history of stroke; and weakness in all four extremities. Objective findings were noted to include: the inability to describe what kind of spine injury she had; the inability to provide a coherent or complete history; a very slowed speech with considerable difficulty finding words and producing language in an audible form; a marked stutter with times of clear speech; obesity with being poorly dressed and groomed; overwhelming depression, somatic and confused; no neurological mechanism for her vast number of physical complaints revealed in her medical records; and that her severe stutter and near aphasic speech were psychogenic. The physician's requests for treatments were not noted. The Request for Authorization, dated 7-28-2015, referenced the treatments as outlined in the 5-8-2015 report, and included Trazodone 100 mg, #90, with 2 refills. The Utilization Review of 8-4-2015 modified Trazodone 100 mg, #270, with 2 refills to #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #90 with 2 refills, #270: Upheld

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

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

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. They are also indicated for depression. In this case, the claimant does have depression and chronic neck pain. The claimant has used prior SSRIs. However, failure of Tylenol or NSAID is not noted. Future response to pain or depression cannot be determined. The Trazodone as requested is not medically necessary.