

Case Number:	CM15-0064809		
Date Assigned:	04/10/2015	Date of Injury:	03/07/2000
Decision Date:	05/11/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/06/2015

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 57 year old male, who sustained an industrial injury on 3/07/2000. He reported slipping on a wet surface, sustaining a right scapular fracture. The injured worker was diagnosed as having cervical radiculopathy, cervical facet arthropathy, cervical myofascial strain, carpal tunnel syndrome, and occipital neuralgia. Treatment to date has included acupuncture, psychology, diagnostics, trigger point injections, rhizotomies between C4-C7, epidural injections, and medications. Currently, the injured worker complains of neck and arm pain, with radiation to occipital regions, left greater than right. His pain was rated 7-8/10. He was taking 2-3 Norco per day for pain, Gabapentin (reported making him feel "dopey", and Capsaicin cream (providing minimal relief). Other medications included Trazadone 50mg (as needed for sleep), which helped his sleep significantly. X-rays of the cervical spine (7/09/2014) were referenced. His affect was normal and he was pleasant and anxious. A progress report from 10/2014, also noted the use of Trazadone for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone HCL tablets 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation ODG: Mental Illness and Stress: Trazodone (Desyrel).

Decision rationale: Trazodone is a SARI (serotonin antagonist and re-uptake inhibitor) antidepressant. As per MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SARIs have little evidence at present to support its use in neuropathic pain as per MTUS guidelines and Official Disability Guidelines. As per ODG, Trazodone is an option for insomnia treatment only with patient with preexisting depression or anxiety. Pt does not have this diagnosis. Patient does not meet criteria for use of trazodone for chronic pain or insomnia. Trazodone is not medically necessary.