MAXIMUS Federal Services

Case Number:	CM15-0070059		
Date Assigned:	04/17/2015	Date of Injury:	06/30/1995
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, knee, and leg pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of June 30, 1995. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for trazodone. A March 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to bilateral lower extremities. The applicant was not working and was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant reported highly variable 4-10/10 pain complaints. Morphine, Percocet, Desyrel (trazodone), Ambien, Lidoderm, Valium, and Zanaflex were renewed. It was stated that trazodone was being prescribed for depression and associated symptoms of insomnia. It was not stated, however, whether or not trazodone had or had not been effective in treating the same. On March 9, 2015, the applicant again reported highly variable 4-10/10 pain complaints. The applicant stated that he would not be functional without his medications. Morphine, Percocet, Desyrel (trazodone), Ambien, Lidoderm, Valium, and Zanaflex were all renewed. The applicant was not working and was receiving both Social Security Disability Insurance (SSDI) benefits as well as Workers' Compensation indemnity benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for trazodone (Desyrel), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant had been using trazodone, an atypical antidepressant, for a span of several months. The attending provider did not, however, explicitly state whether or not ongoing usage of trazodone had or had not attenuated the applicant depressive symptoms, mood, issues with insomnia, etc. No discussion of psychotropic medication efficacy transpired on the April and March 2015 progress notes in question. The fact that the applicant remained off of work, coupled with the attending provider's failure to outline any meaningful or material improvements in mood or function with ongoing trazodone usage did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.