

Case Number:	CM15-0076185		
Date Assigned:	04/27/2015	Date of Injury:	05/24/2011
Decision Date:	07/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on May 24, 2011. The mechanism of injury was an electrocution while at work. The diagnoses have included lumbar degenerative disc disease, broken back in three places of the thoracolumbar spine, piriformis syndrome, bilateral carpal tunnel syndrome, chronic cervical sprain/strain, cervical radiculopathy and tendonitis of the right elbow. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, lumbar nerve blocks, lumbar facet blocks, detoxification, lumbar epidural steroid injections, psychological assessment, acupuncture treatments, pain management and physical therapy. Current documentation dated March 3, 2015 notes that the injured worker reported pain and numbness in the left shoulder blade area with numbness to the bilateral forearms, little finger and ring finger on both hands. The injured worker also noted a stabbing pain to the lower back and left hip. The pain was rated a five out of ten on the visual analogue scale at rest and a nine out of ten with activity. The treating physician's plan of care included a request for Trazadone 150 mg # 30 as related to the cervical, thoracic, lumbar, wrists and elbow injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg Qty: 30.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Trazodone Prescribing Information.

Decision rationale: The claimant sustained a work injury in may 2011 and is being treated for left low back and hip pain and left shoulder pain with bilateral forearm and finger numbness. When seen, pain was rated at 5-9/10. There was decreased cervical and lumbar spine range of motion and pain with shoulder range of motion. Impingement testing was negative. There was left sided cervical tenderness with muscle spasms. Tinel's testing and straight leg raising were positive. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has radiating pain consistent with a diagnosis of neuropathic pain as well as chronic low back and neck pain. The dose being prescribed is consistent with that recommended. The request was medically necessary.