

Case Number:	CM15-0076720		
Date Assigned:	04/28/2015	Date of Injury:	08/20/2008
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

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 62-year-old woman sustained an industrial injury on 8/20/2008. The mechanism of injury is not detailed. Evaluations include electromyogram dated 11/15/2013 and kidney CT scan. Diagnoses include mood disorder. Treatment has included oral and topical medications, left wrist stabilizer, and cervical epidural steroid injection. Physician notes dated /7/2015 show complaints of low back pain rated 3/10 and is noted to be unchanged. Recommendations include cervical spine x-ray scheduled for tomorrow, Holter monitor test for the past two days, Lyrica, consider cervical spine epidural steroid injection on next visit, continue to wear left wrist stabilizer, psychiatric consultation, psychological consultation, continue Lorazone, continue Lexapro, continue Norco, Lidoderm patches, Trazadone, Flector patches, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia treatment.

Decision rationale: MTUS guidelines do not address the use of Trazodone in the treatment of Insomnia. Therefore, the ODG was referenced. The ODG does note that Trazodone can be prescribed for the treatment of insomnia. Regarding this patient's case, there is no specific documentation that this patient's insomnia condition is secondary to her work related injury. There is also no specific documentation that this patient's Trazodone medication has been improving her problems with insomnia. Likewise, this request is not considered medically necessary.

Lexapro 20 mg qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: MTUS guidelines state, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." Regarding this patient's case, there is documentation of a mood disorder, but there is no documentation that this mood disorder is secondary to her work related injury. Also, there is no documentation of improvement in her psychiatric condition on this medication. Likewise, this request is not considered medically necessary.