

Case Number:	CM15-0098464		
Date Assigned:	05/29/2015	Date of Injury:	03/20/2011
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 48 year old female, who sustained an industrial injury on 3/20/11. She reported pain in the right shoulder that radiated to the neck and right arm. The injured worker was diagnosed as having cervical facet arthropathy, cervical radiculopathy, cervical degenerated disc disease, and cervicgia. Treatment to date has included 2 cervical fusions, 2 right shoulder surgeries, bilateral carpal tunnel release, physical therapy, epidural injections, nerve blocks, and medications including Flexeril, Norco, and Robaxin. A physician's report dated 3/30/15 noted pain was rated as 8/10. Currently, the injured worker complains of pain in the neck, shoulders, and arms to fingers. The treating physician requested authorization for Cymbalta for 1 year, Paxil for 1 year, and Trazodone for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) ODG states "MDD (major depressive disorder) treatment, severe presentations, The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Cymbalta for 1 year does not specify the strength and the quantity being requested. Also, it is not clinically indicated for a medication to be continued for a year without monitoring the efficacy and response to the medication or observing for any adverse effects with continued treatment. Thus, the request is not medically necessary at this time.

Paxil for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations, The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Paxil for 1 year does not specify the strength and the quantity being requested. Also, it is not clinically indicated for a medication to be continued for a year without monitoring the efficacy and response to the medication or observing for any adverse effects with continued treatment. Thus, the request is not medically necessary at this time.

Trazodone for 1 year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Trazodone (Desyrel).

Decision rationale: Per ODG "Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008) Evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." (Mendelson, 2005) The request for Trazodone for 1 year does not specify the strength and the quantity being requested. Also, it is not clinically indicated for a medication to be continued for a year without monitoring the efficacy and response to the medication or observing for any adverse effects with continued treatment. Thus, the request is not medically necessary at this time.