

<b>Case Number:</b>	CM14-0152027		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old male who reported an injury on 01/27/1995 due to an unknown mechanism. Diagnoses were diabetes mellitus type 2; status post CVA in 1995; chronic headache unresponsive to Fioricet, Midrin, Tylenol, Ultracet, or triptans; chronic bilateral shoulder pain; chronic bilateral hip pain; status post myocardial infarction; gastrointestinal symptoms; chronic memory loss; tinnitus related to long term high dose aspirin ingestion; diplopia secondary to stroke; history of lipid abnormalities; bilateral TMJ syndrome in the past; chronic sexual dysfunction; status post falling off a ladder; right eye retinal detachment; psoriasis; and psoriatic arthritis. Physical examination, on 08/19/2014, revealed complaints of daily severe headaches. The injured worker complained of pain in both shoulders and both hips. Medications were trazodone and ibuprofen. The injured worker also takes baby aspirin. Examination of the right shoulder revealed no rotator cuff tenderness and there was no trochanteric tenderness. There was no paracervical tenderness. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter and Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain, and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was no documentation of an objective decrease in pain and objective functional improvement. There was no report of sleep quality and duration or a psychological assessment. The efficacy of this medication was not reported. The request does not indicate a frequency or a quantity for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.