

Case Number:	CM13-0019162		
Date Assigned:	11/08/2013	Date of Injury:	04/20/2010
Decision Date:	04/06/2015	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 [REDACTED] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 20, 2010. In a Utilization Review Report dated August 21, 2013, the claims administrator failed to approve a request for trazodone (Desyrel). The claims administrator suggested that the applicant was using trazodone for chronic pain and insomnia. The claims administrator referenced an August 8, 2013 progress note in its determination. The applicant's attorney subsequently appealed. On June 12, 2013, the applicant reported ongoing complaints of left ankle pain status post earlier left ankle surgery. The applicant was using Percocet, Neurontin, Desyrel, and Zanaflex. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. On May 15, 2013, the attending provider stated that he was employing trazodone for left lower extremity pain secondary to complex regional pain syndrome (CRPS). On June 20, 2013, the attending provider stated that the applicant's standing and walking tolerance had been improved following introduction of trazodone, Neurontin, and a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg before bed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Mental Illness and Stress.

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

Decision rationale: The request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, atypical antidepressants such as trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Here, the attending provider has contended that ongoing usage of trazodone has attenuated the applicant's pain complaints and, in conjunction with ongoing usage of gabapentin, has improved the applicant's standing and walking tolerance. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.