

Case Number:	CM13-0018585		
Date Assigned:	01/03/2014	Date of Injury:	06/23/1998
Decision Date:	08/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 68-year-old female who reported an injury on 06/23/1998 due to accumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities and suffered emotional distress. The injured worker was evaluated on 03/20/2014. It was documented that the injured worker had received a denial for authorization of trazodone and a pain management doctor. No physical examination findings were provided during this evaluation. The injured worker's diagnoses included peripheral sensory neuropathy, tarsal tunnel syndrome, neuritis in the posterior tibial nerve, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT REFERRAL/REASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, CHAPTER 7, SPECIALTY CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

Decision rationale: The clinical documentation does indicate that the injured worker would like a referral and reassessment to a pain management specialist. However, the clinical documentation indicates that the injured worker's medications are not out of the scope of practice of the requesting provider. Additionally, the clinical documentation submitted for review does not provide a treatment history that would require additional expertise of a pain management specialist. As such, the requested pain management referral/reassessment is not medically necessary or appropriate.

TRAZODONE: Upheld

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 & STRESS, ANTIDEPRESSANTS, TRAZODONE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments.

Decision rationale: California Medical Treatment Utilization Schedule does not address this medication for insomnia. Official Disability Guidelines recommend short durations of treatment of this type of medication in the management of insomnia related symptoms. The clinical documentation does support that the injured worker has been on this medication for an extended duration of time. Due to the high incidence of psychological and physiological dependence, continued use would not be supported. Furthermore, the request as it is submitted does not provide a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Trazodone is not medically necessary or appropriate.