

Case Number:	CM13-0019319		
Date Assigned:	10/11/2013	Date of Injury:	06/18/2002
Decision Date:	01/16/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in anesthesiology, has a subspecialty in pain medicine, 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 physician 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.

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 provider documents a different provider, [REDACTED], felt the patient's medical management was reasonable; however, recommended detoxification. The provider documents surgical history for the patient includes 1973 lumbar discectomy, 2003 cervical decompression and fusion at C5-6 and C6-7, right shoulder rotator cuff repair in 2004, and 2004 manipulation of the right shoulder under anesthesia. The provider documents the patient utilizes morphine sulfate controlled release 60 mg 1 tablet by mouth 3 times a day, Soma 350 mg 1 tablet by mouth 4 times a day, trazodone 100 mg 1 tablet to 3 tablets by mouth at bedtime, Tylenol with codeine No. 4 one tablet by mouth 4 times a day, and morphine sulfate CR 30 mg twice a day 1 tablet by mouth every 6 hours. The provider documents upon physical exam of the patient, tenderness to palpation primarily over the right paravertebral C5-6 and C6-7 cervical facet joints was noted. The provider documented medications are used to provide pain management for the patient. The provider documents the patient has utilized no therapies for the low back and no recent treatment for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg, #90 x 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

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.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review reported the patient was utilized trazodone 100 mg 1 tablet to 3 tablets by mouth at bedtime. The Official Disability Guidelines indicate trazodone is one of the most commonly prescribed agents for insomnia; side effects of the drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The clinical notes documented the patient was recommended to begin detoxification of her current medication regimen. In addition, the clinical notes failed to evidence the patient's reports of efficacy with this medication as far as her sleep pattern complaints. the request for one prescription of Trazodone, 100mg, 90 count, with five refills, is not medically necessary or appropriate.