

Case Number:	CM13-0026484		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2011
Decision Date:	08/18/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 47 year old employee with date of injury of 3/11/11. Medical records indicate the patient is undergoing treatment for left leg joint pain, shoulder joint pain, cervicgia, old disrupt and cruciate, and derangement medical meniscus. Subjective complaints include right knee pain and having trouble falling asleep and staying asleep. The patient ambulates to the exam room without assistance and can sit without difficulty or evidence of pain. On MRI, the patient has a complete tear of the anterior cruciate ligament, and large bucket handle tears of the medial and lateral menisci. Treatment has consisted of Naprosyn and Trazodone and a referral to an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #30: 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.

Decision rationale: The California MTUS is silent regarding this topic. The Official Disability Guidelines state that Trazodone is a prescription hypnotic, which is approved for short-term

treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) waking at the same time everyday; (b) maintaining a consistent bedtime; (c) exercising regularly (not within 2 to 4 hours of bedtime); (d) performing relaxing activities before bedtime; (e) keeping your bedroom quiet and cool; (f) not watching the clock; (g) avoiding caffeine and nicotine for at least six hours before bed; (h) only drinking in moderation; and (i) avoiding napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. The Official Disability Guidelines additionally state that the specific component of insomnia should be addressed: (a) sleep onset; (b) sleep maintenance; (c) sleep quality; and (d) next-day functioning. Medical documents provided do not detail these components. As such, the request for Trazodone is not medically necessary.