

Case Number:	CM13-0026566		
Date Assigned:	11/22/2013	Date of Injury:	11/01/2000
Decision Date:	03/06/2014	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 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 and has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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 patient is a 60-year-old female who reported a work related injury on 11/01/2000, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, and chronic pain related depression. The clinical note dated 08/09/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with severe pain and reporting severe withdrawal symptoms due to a lack of utilizing Opana. The provider documents the patient's rate of pain is at a 7/10 to 8/10 with medications and 10/10 without medications. The provider documents the patient utilizes Opana ER 20 mg 1 by mouth twice a day, Opana IR 10 mg 1 by mouth every 6 hours, Kava Kava 1 by mouth 3 times a day, Trazodone 50 mg 2 by mouth at bedtime, Sintralyn 2 tab by mouth at bedtime, Flexeril 10 mg 1 by mouth 3 times a day, Flector patch 1 applied every 12 hours, Prilosec 20 mg 1 by mouth daily, Pristiq 50 mg 1 by mouth every day, Medrox patch 1 transdermal every 12 hours, topical TGHOT 3 times a day, Norco 10/325 mg 2 by mouth every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazodone 50mg #60: 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), Insomnia treatment, Mental Illness and Stress

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 current request is not supported. Official Disability Guidelines indicates Trazodone is one of the most commonly prescribed agents for insomnia; side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next day effects such as easily awakening. The clinical documentation submitted for review failed to evidence the patient's reports of positive efficacy with her sleep pattern complaints as a result of utilizing this medication. Therefore, given the above, the request for 1 prescription of Trazodone 50 mg #60 is not medically necessary or appropriate.