

Case Number:	CM13-0062178		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2008
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 40 year old female, who had a injury and laceration to the left index and long finger on 09/10/2008. The clinical documents state that she also has left sided neck pain. The patient's treatments include medications, occupational therapy, splinting, psychotherapy, cognitive behavioral therapy, repair of the laceration, and biofeedback. The physical exam findings of Septemeber 17, 2013 show a range of motion in the neck as near-normal, with complaints of left sides neck pain with right lateral bend and spurling's manuever. She has no radicular symptoms, and remains neuroloically intact in both upper extremities. Medications included, but are not limited to, Cymbalta, Gabapendin, Norco, and Lidoderm patches. The request is for Trazadone and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50MG DAILY AT BEDTIME #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Stress Chapter.

Decision rationale: The California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The California MTUS guidelines state the following: Trazadone: Recommended as an option for insomnia, only for patients with coexisting mild psychiatric symptoms, such as depression or anxiety. There has been only one randomized, double blind, placebo-controlled trial, studying trazodone in primary insomnia. Evidence of the the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavioral treatment when primary insomnia is diagnosed. As of note there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharamacologic therapies should be recommended for primary insomnia before considering Trazadone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazadone for first line treatment of primary insomnia. According to the clinical documentation provided and the current MTUS, and ODG guidelines, the patient's clinical documents did not assess the patients sleep pattern disturbances. Trazadone, as requested above, is not indicated a medical necessity to the patient at this time.

OMEPRAZOLE 20MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms & Cardiovascular Risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is a lack of evidence that she has had a history of reflux in the past. There is also lack of evidence that she has any gastrointestinal complications that would warrant the use of Omeprazole. In the clinical document of September 24, 2013 the review of systems was reported as all negative, except system associated with injury. According to California MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that in general, the use of a PPI should be limited to the recognized indications and used at the lowest does for the shortest possible amount of time. The use of Omeprazole, for the dates as stated in the above request, is determined not to be a medical necessity at this time.