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| Case Number: | CM13-0068324 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Internal 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 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:

Patient is an injured worker with wrist sprain and insomnia. Date of injury was 11-06-2012. Progress note dated 11-01-2013 documented a follow up visit. The patient reported of improvement in the right hand. The discomfort was associated with weakness in the right hand. The pain was mild in intensity. He rates the severity of the pain as 3, 4 last visit. His average level of pain in the last seven days is 2 with medications and lotion. He describes the pain as throbbing. The patient states that his symptoms have been unchanged since the injury. With regard to functional limitations during the past month, the patient is going to work but avoids doing yard-work or shopping because of his pain. The patient reports no bowel or bladder problems. Patient reported having difficulty sleeping. Objective findings noted that the patient was a well-developed, well-nourished male in no acute distress. He is alert and oriented with appropriate mood and pleasant affect with no somnolence. He is well-dressed, well-groomed and a good historian. He ambulates without an assistive device with a normal gait pattern. He is able to don and doff his shoes independently and is able to transfer on and off the examination table independently. He sits comfortably. Examination of the right wrist reveals full range of motion. There is tenderness to palpation over the radial aspect of the wrist. There is negative Tinel's sign, negative Phalen's sign, and negative Finkelstein's test. Diagnosis was wrist sprain. Right hand sprain was improving. Treatment plan was documented. Continue with Dendracin lotion to apply topically bid. Start on Trazodone 50 mg 1-2 tabs po qhs (orally at bed time) for sleep #60. The patient was given restrictions of no forceful grasping or torquing with the right upper extremity. The patient is working. The patient will follow up in eight weeks. Utilization review decision date was 11-12-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN Page(s): 13-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: Medical treatment utilization schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) states Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. Progress note dated 11-01-2013 documented that the patient reported having difficulty sleeping. A diagnosis was wrist sprain. There was no documentation of comorbid depression or recurrent treatment failure, which are ODG requirements for the use of Trazodone. Medical records do not support the use of Trazodone. Therefore, the request for Trazadone 50mg #60 is not medically necessary and appropriate.