

Case Number:	CM14-0008952		
Date Assigned:	02/28/2014	Date of Injury:	09/07/2000
Decision Date:	07/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational 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:

The patient is a 61-year-old male who has submitted a claim for cervicalgia, postlaminectomy syndrome, and cervical radiculopathy associated with an industrial injury date of September 7, 2000. The medical records from 2005-2013 were reviewed which revealed gradual increase of neck pain which radiated to his shoulders. Muscle spasms were noted. He had difficulty doing his activities of daily living secondary to pain. Physical examination of the cervical area showed neck flexion at 30 degrees, extension at 40 degrees and rotation at 60 degrees. There was full range of motion of shoulders in all planes. The treatment to date has included intake of medications namely Effexor XR, Protonix, Topamax, Norco, Trazodone, Albuterol inhaled and Simvastatin. The utilization review from December 6, 2013 denied the request for Trazodone 50 mg because there was no evaluation to support the need for this medication. There are no clinical objective findings to assess the efficacy of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG TAB 2 AT NIGHT #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Insomnia Treatment Section, Sedating Antidepressants.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment was used instead. The ODG states that Trazodone, a sedating antidepressant is one of the most commonly prescribed agents for insomnia. In this case, the patient has been taking Trazodone 50 mg, 2 tablets at night since at least 2012. However, there has been no discussion of the patient's sleep hygiene. Furthermore, there was no evaluation of potential causes of sleep disturbance. The medical necessity has not been established. Therefore, the request for Trazodone 50MG 2 tablets at night #60 is not medically necessary.