

Case Number:	CM14-0009951		
Date Assigned:	02/21/2014	Date of Injury:	04/16/2013
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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:

This is a 48-year-old female with a date of injury of 4/16/13. The injury occurred when she was pushed and fell over a bench, lost consciousness and woke up in an ambulance with neck pain, low back pain, headache, nausea, vomiting, and blurry vision. On several reports after the injury, she complained of pain in the neck, left shoulder, lower back/coccyx, and right leg pain. Objective findings were brief, stating only slow or minimal improvement. The diagnostic impression is right leg pain; lumbar, left shoulder, chest wall, cervical strain. Treatment to date: work modification, physical therapy, medication management. A UR decision dated 1/14/14, denied the request for trazodone because guidelines recommend trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no documentation of issues with insomnia as such; therefore, the necessity of trazodone has not been established.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress.

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

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, it is unclear as to why the patient is taking Trazodone. There was no specific documentation that the patient has difficulty sleeping, or any documentation of improvement in sleep due to Trazodone. Therefore, the request for Trazodone 50mg #30 is not medically necessary.