

Case Number:	CM14-0107327		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2011
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

The injured worker is a 47 year old male who sustained an injury on 03/10/11. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic neck and low back pain. This had been previously treated with physical therapy and multiple medications to include Gabapentin, Nabumetone, Orphenadrine, and Buprenorphine. The injured worker was also utilizing Trazadone as a sleep aide. As of 06/04/14, the injured worker reported that his medications were helpful for pain relief. The injured worker did report benefits from Trazadone in the past. No insomnia index scores were noted in the clinical record. The injured worker's physical examination noted an antalgic gait without evidence of neurological deficit. The injured worker's requested Trazadone 50mg, quantity 90 prescribed on 06/04/14 was denied by utilization review on 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 6/4/2014, Trazodone 50mg, take 1 at night, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Trazodone.

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

Decision rationale: In regards to the request for Trazadone 50mg, quantity 90 prescribed on 06/04/14, the clinical documentation provided for review would not have supported the ongoing use of this medication. In review of the 06/04/14 clinical report, there was no clear documentation regarding the efficacy of Trazadone as it pertains to sleep. No insomnia index scores were noted in the clinical records identifying the amount of sleep improvement obtained with the use of this medication. Although Trazadone as a sedating antidepressant can be utilized over a longer period of time as compared to other medications for sleep such as Ambien or Lunesta, the clinical documentation provided for review does not establish the efficacy or indications for the continued use of this medication is not medically necessary and appropriate.