

Case Number:	CM14-0108141		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2008
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 05/30/2008. The mechanism of injury reportedly occurred when the injured worker fell, was holding onto a tree and the branch broke, and she fell onto the ladder with her legs going through some other rungs and basically her legs were spread apart. She had a pulling of her left shoulder where she was hanging on the branch of the tree. Her diagnoses included status post fall injury local trauma, myofascial pain syndrome, low back pain, right shoulder status post rotator cuff stretch injury, anxiety, and posttraumatic stress syndrome. The past treatments have included medications, urine toxicology screen/PARS report, diagnostic studies and 6 physical therapy sessions (which the patient stated really did not help). Prior diagnostic studies included x-rays and an MRI. On 02/07/2014, the patient was seen in psychiatric followup visit. She was not doing well. She was anxious and irritable. She could not tolerate the high dose Fetzima and it was cut down the dose to 40 mg a day. A low dose of Seroquel XR 50 mg at bedtime to help with her insomnia and supplement with argument the effect of the Fetzima. She was on Latuda 20 mg a day for irritability, agitation, and paranoia. Trazodone will be discontinued. On 05/13/2014, the injured worker was in for followup regarding her shoulder, back, hips, and knees as well as both ankles. As the injured worker described her injury, she was almost hysterical in her presentation crying and sobbing. The injured worker stated her supervisor and another person mimicked her, basically laughed at her, and degraded her. There has been no evaluation in the last 3.5 years. The injured worker was not sure what was done prior to that. Medications included Lyrica 50 mg 2 to 3 a day, hydrocodone 500 one every 4 to 6 hours, amitriptyline 25 mg for sleep, Lidoderm patches 2 per day, clonazepam 25 mg 2 per day, but she usually takes only 1 a day, tramadol for GI distress, hydroxyzine 50 mg, Brintellix for vomiting. Prior diagnostic studies included x-rays and an MRI. On 07/11/2014, the patient was still very nervous, anxious,

irritable, but mood was significantly improved. She had finally gotten her prescription filled. She still had difficulty controlling her impulse and she was very forgetful. She was on Vistaril 50 mg 3 times a day on an as needed basis for anxiety and panic attacks, trazodone 100 mg at bedtime for insomnia, Brintellix 10 mg a day for depression and anxiety. The request is for trazodone 100 mg #30. The rationale and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter (Antidepressants, Stress Related Conditions) and Pain chapter (Fibromyalgia).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: The request for Trazodone 100mg #30 is not medically necessary. The injured worker had a history depression and anxiety. The California MTUS state that Trazodone is recommended as an option for insomnia only for patients with potential coexisting mild psychiatric symptoms of depression or anxiety. The CA MTUS guidelines recognize selective serotonin reuptake inhibitors (SSRIs), as a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. There is no clear cut evidence to recommend trazodone for first line to treat insomnia. The note on 05/13/2014 indicated that the injured worker has stopped taking trazodone. It is unclear when the injured worker started receiving trazodone again. There is lack of documentation of insomnia for the injured worker. As such, the request is not medically necessary.