

Case Number:	CM14-0010861		
Date Assigned:	02/21/2014	Date of Injury:	01/09/2009
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
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 Orthopaedic Surgery 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 claimant was injured on January 9, 2009. On December 30, 2013, claimant is documented as presenting with complaints of neck pain radiating to the head and right shoulder as well as low back pain radiating into the side. Additional complaints include bilateral hand numbness. Current medications are documented as Lyrica, Tylenol 3, and Prilosec. The physical exam documents tenderness to palpation about the cervical spine with limited cervical range of motion, diminished sensation to touch in the palms, and limited lumbar range of motion in all planes. There is no mention made of starting trazodone or of symptoms of depression. Additionally, there are no complaints of difficulty sleeping. The request for authorization was dated January 3, 2014. The progress note dated December 27, 2013 documents complaints of trouble waking from sleep after 2 hours going to sleep. The physical exam indicates the claimant continues to have tenderness over the cervical, paraspinal muscles and tingling in both hands. The diagnosis included depression. The utilization review in question was rendered on January 16, 2014. The reviewer noncertified the request for sleep study and modified the request for trazodone from 30 tablets with 1 refill to 30 tablets with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FORMAL SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, POLYSOMNOGRAPHY

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) does not address the topic of polysomnograms. The Official Disability Guidelines (ODG) recommends this test separately following 6 months of insomnia complaints. The ODG offers additional indications for the study, none of which are documented in the notes provided. As such, the requested sleep studies considered not medically necessary.

1 PRESCRIPTION OF TRAZADONE 100 MG, #30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-16.

Decision rationale: The clinician does not indicate what the trazodone will be utilized for. This medication is occasionally used at night for the treatment of insomnia. Based on the documentation provided, the claimant has complaints of difficulty waking up after sleeping for 2 hours, but does not indicate difficulty falling asleep. One of the diagnoses given was depression. It is unclear if the clinician is providing trazodone for the depressive symptoms. However, there are no subjective complaints of depression and no objective documentation to indicate clinical depression. As such, the request is considered not medically necessary secondary to insufficient information.