

Case Number:	CM14-0017150		
Date Assigned:	02/21/2014	Date of Injury:	12/08/2003
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation 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 56-year-old female who has submitted a claim for carpal tunnel syndrome and elbow pain associated with an industrial injury date of December 8, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent bilateral upper extremity pain. Physical examination showed positive Tinel's sign bilaterally, positive Phalen's sign on the left. Sensory examination revealed decreased light touch sensation over the index, ring and little finger, bilaterally. Motor strength was decreased in both upper extremities. Tenderness was noted over the lateral epicondyle and medial epicondyle of the right elbow. Treatment to date has included epicondyle steroid injections, Medibeads, acupuncture, Palm Rest Driving aid, and medications, which include Voltaren 1% gel, Flector 1.3% patch (since 11/14, 2013), Lyrica, and trazodone (since 9/26/2013). Utilization review from February 5, 2014 denied the request for Trazodone 50mg #60 because guidelines note trazodone may be used to treat insomnia in patients with coexisting psychiatric disorder however review of available medical records indicated that the patient was prescribed trazodone for sleep disorder and no coexisting psychiatric disorder was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAZODONE 50MG #60: 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, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: CA MTUS does not specifically address trazodone (Desyrel). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, patient has been taking Trazodone since 9/26/2013 however there was no documentation regarding formal evaluation of this patient's sleep problem and sleep hygiene that would support Trazodone use. Furthermore, there is no evidence or report mentioned in the medical records that she has anxiety or depression. An appeal dated 2/10/14 mentioned that the patient has not been clinically diagnosed as having depression or insomnia. Also, other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone. Guideline recommendations do not support its use unless with comorbid psychiatric condition. Therefore, the request for ONE PRESCRIPTION OF TRAZODONE 50MG #60 is not medically necessary.