

Case Number:	CM14-0113881		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2011
Decision Date:	10/06/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 44 year old female who had documented date of injury of 02/04/11, mechanism of injury was sustained after working at her work station that was incorrectly set up. The most recent clinical documentation submitted for review was dated 06/19/14 the injured worker was back in with increased pain level since her last visit, no new problems or side effects reported, quality of sleep was poor, activity level remained the same. She stated that the injection was helpful for about four weeks but was now wearing off. On physical examination she was well developed, well nourished, and in no acute distress, alert and oriented times three, able to ambulate to the examination room without assistive aids or devices, sit comfortably on exam table without difficulty or evidence of pain, spine was normal and showed no limitation of movement or defect in curvature, lumbar flexion/extension full, shoulder on the right, Hawkins and Neer tests were positive, right elbow tenderness to palpation over lateral epicondyle, Tinel sign was positive, right wrist examination, Phalen and Tinel signs were positive, and tenderness to palpation was noted over the radial side, light touch sensation was decreased over medial hand on the right side. Diagnoses elbow pain, extremity pain, sprain, wrist pain. Prior treatment includes medications, physical therapy, elbow and wrist injections and exercises. Electromyography and nerve conduction studies (EMG/NCS) of the right upper extremity was normal, she reported she underwent repeat studies of bilateral upper extremities on 03/25/14. She used transcutaneous electrical nerve stimulation (TENS) unit which was helpful in therapy and recommended by therapist. The injured worker was to continue with her home exercise program. New prescriptions were Trazadone 50 milligrams one and a half to one tablets every night at bedtime, Voltaren 1 percent gel, Celebrex, and Ibuprofen. Prior utilization review on 07/09/14 was non-certified. Current request was for Trazadone 50 milligrams quantity thirty.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental health chapter, Trazodone (Desyrel)

Decision rationale: As noted in the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. As such, the request for Trazodone 50 milligrams quantity thirty is not medically necessary.