

Case Number:	CM14-0115584		
Date Assigned:	08/04/2014	Date of Injury:	04/10/2001
Decision Date:	09/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 underlying date of injury in this case is April 10, 2001. Referenced diagnoses include left shoulder impingement, status post crush injury in the left third, fourth, and fifth fingers, neuropathic pain in the left upper extremity, complex regional pain syndrome of the left upper extremity, status post left hand surgery, myofascial pain, and left cervical radiculopathy. On June 20, 2014, the patient was seen in followup regarding ongoing pain which was 6/10 and consistent with intermittent numbness and tingling in the left arm. A psychiatric review of systems was negative for anxiety. The treatment plan included prescriptions for naproxen, omeprazole, and also trazodone for difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg thirty count: 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 Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13.

Decision rationale: Trazodone is FDA labeled as an antidepressant medication. The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on antidepressants for chronic pain, page 13, does not recommend this class of medication for insomnia. Overall, the treatment guidelines do not recommend trazodone for insomnia; moreover, the records overall contain very limited discussion of this condition and the effectiveness of the current or proposed treatment. This request is not supported by the treatment guidelines. Overall, the request for Trazadone 50 mg thirty count is not medically necessary or appropriate.