

Case Number:	CM14-0138118		
Date Assigned:	09/05/2014	Date of Injury:	11/21/2012
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old female who was injured on 12/21/2012. She was diagnosed with degeneration of cervical intervertebral disc, cervical radiculitis, cervical spinal stenosis, lumbar degenerative disc disease, insomnia, and depression. She was treated with opioids, epidural, anti-epileptic medication, and antidepressants. On 3/3/14, the worker was seen by her physician complaining of difficulty sleeping (no more details documented). She was then started on Trazodone 50 mg for nightly use to help with her sleep as well as her depression. Upon follow-up with her physician on 3/28/14, she reported that she did not have much improvement with her sleep with Trazodone use, so the dose was doubled. On 4/23/2014, the worker reported back that with 1.5 tabs of the 50 mg of Trazodone seems to help her with her sleep. Later, on 7/22/2014 she reported even more pain relief rated at 6-7/10 on the pain scale to her physician since having a cervical epidural previous to the appointment, which also helped her sleep longer. Then her physician requested a renewal of her tramadol, Trazodone, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50 mg 1-2 QHS #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 (ODG), Mental Illness and Stress Chapter, AntiDepressant Section.

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

Decision rationale: The MTUS is silent in regards to Trazodone use. The Official Disability Guidelines (ODG), however, states that is recommended as an option to treat insomnia, but only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. Other therapies should be recommended before considering Trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. Sleep hygiene should be recommended as first line therapy for insomnia. In the case of this worker, although there was some evidence of benefit with the use of Trazodone for her insomnia, there was no evidence of any attempt to discuss other non-medical or alternative medical treatments before considering Trazodone to help her to sleep better. Since it isn't intended to be used for chronic use without failure of sleep hygiene instructions and other medications, the request for Trazodone is not medically necessary.