

Case Number:	CM14-0175298		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Nephrology 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:

This is a 68-year-old female with an 11/12/01 date of injury. According to a progress report dated 9/16/14, the patient presented for a post-operative appointment of the right knee. The patient was status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posterolateral corner surgery, subchondroplasty, lateral release on 9/5/14. Objective findings: right knee swelling, minimal calf tenderness. Diagnostic impression: status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posteriorlateral corner surgery, subchondroplasty, lateral release; myofascial pain with acute cervical spasm, cervicogenic headaches; cervical degenerative disc disease (status post cervical fusion); cervicogenic headaches. Treatment to date: medication management, activity modification, trigger point injections, TENS unit, physical therapy, surgery. A UR decision dated 9/29/14 denied the request for Trazodone. While there is indication of a prior therapy of depression, it is unclear whether the patient is still being treated for this diagnosis. Furthermore, the medical records do not establish that the patient is currently being treated for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg, QTY: 30: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Trazodone

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, in the present case, there is no documentation in the reports provided for review that this patient has complaints of insomnia. In addition, there is no documentation in the current records that this patient suffers from depression or anxiety. Therefore, the request for Trazodone 50mg, QTY:30 was not medically necessary.