MAXIMUS Federal Services

Case Number:	CM14-0185231		
Date Assigned:	11/13/2014	Date of Injury:	04/02/2004
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Psychiatry & Neurology, Addiction 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:

Records reviewed include 52 pages of medical and administrative records. The injured worker is a 69 year old male whose dates of injury are 04/02/2004. His diagnosis is major depressive disorder single episode moderate, and psychological factors affecting physical condition, orthopedically lumbar radiculopathy and strain of the bilateral sacroiliac joints. There is a UR of 10/07/2014 which refers to a QME of 06/14/05 indicating that the patient had a long career in the entertainment industry which ended due to his orthopedic injuries, which he viewed as a "near miss" at qualifying for a retirement pension. He was mildly-moderately depressed and began psychiatric treatment in 02/2005. He partially responded to antidepressants and psychotherapy. On 6/02/2014 a PR2 by [redacted] showed medications of Wellbutrin XL 300mg QAM for depression #45, Klonopin 1mg QHS for mood stabilization #45, and Trazodone 100mg QHS #45 for insomnia. Medical services will be provided by [redacted] (psychiatrist) it is medically necessary to continue taking the medications, and no more than monthly medication visits were anticipated once the medication regimen was optimized. A PR2 of 06/26/2014 by [redacted] continued all medications, but all were for #30. On 07/10/2014 there is an interim worker's compensation examination and report by primary treating physician. The patient had severe low back pain with traveling pain to the lower extremities with numbness, tingling, and weakness, and restricted range of motion. MRI of 06/17/2014 revealed multilevel disk bulges/protrusions at L3/L4, L4/L5, and L5/S1. Corticosteroid injections at the sacroiliac joints were recommended and a consult with a spine surgeon. A home exercise program was advised.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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 & Stress, Insomnia

Decision rationale: MTUS does not reference insomnia diagnosis or treatment as an independent entity.ODG: Difficulty in sleep initiation or maintenance, and/or early awakening. Also characterized by impairment in daily function due to sleep insufficiency. These impairments include fatigue, irritability, decreased memory, decreased concentration, and malaise. Classifications: (1) Based on symptoms: Categories of symptoms include sleep onset, sleep maintenance, non-restorative sleep. These symptoms have been found to change over time. (2) Based on duration: (a) Acute insomnia (transient insomnia): Usually the result of specific environmental or social events. Generally treated by addressing the episode directly (death of a family member, working on a different shift, travel), or prophylactically. (b) Chronic insomnia: Generally defined as lasting more than one month. This condition may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical conditions. Chronic insomnia is more likely to occur in the elderly, depressed patients, and medically ill populations. (3) Based on etiology: (a) Primary insomnia: No known physical or mental condition is noted as an etiology. This condition is generally consistent and responsive to treatment. (b) Secondary insomnia (comorbid insomnia): insomnia that is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. Examples include chronic pain, gastroesophogeal reflux disease (GERD), heart failure, end-stage renal disease, diabetes, neurologic problems, psychiatric disorders, and certain medications. Diabetic patients appear to suffer insomnia due to alterations of circadian rhythm. They may also suffer from sleep disorders related to obesity. Psychiatric disorders associated with insomnia include depression, anxiety and alcoholism. Therefore, Trazodone 100mg, #30 is not medically necessary.