

Case Number:	CM14-0020109		
Date Assigned:	04/25/2014	Date of Injury:	09/15/2007
Decision Date:	07/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 patient is a 56-year-old female who has submitted a claim for lumbar disc disease with myelopathy and rotator cuff tendonitis associated with an industrial injury date of September 15, 2007. Medical records from 2012 to 2014 were reviewed. The patient complained of chronic increasing pain to the right shoulder and lower back associated with difficulty sleeping and depression. Physical examination showed that the patient looked tired and depressed, moderate paracervical myospasm near the right shoulder, and no left knee swelling. Treatment to date has included NSAIDs, opioids, topical analgesics, muscle relaxants, anticonvulsants, benzodiazepines, antidepressants, home exercise programs, physical therapy, chiropractic sessions, and surgery. Utilization review from January 21, 2014 denied the request for Trazodone 50MG, #30 with no refills due to scant and incomplete information to evaluate the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #30 WITH NO REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The CA MTUS does not specifically address Trazodone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, Trazodone is recommended only as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the patient has been taking Trazodone since January 7, 2014. Trazodone was prescribed for use every other day due to the diminished efficacy of Ambien in this patient. Review of recent progress notes revealed that the patient has been experiencing increasing pain symptoms, difficulty sleeping, and depression. Guideline criteria were met. Therefore, the request for Trazodone 50MG, #30 is medically necessary.