

Case Number:	CM14-0020295		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
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 Family 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:

Patient is an employee of [REDACTED], who has submitted a claim for bilateral elbow, low back and left knee pain associated with an industrial injury date of 9/18/2013. Treatment to date has included, medications namely, Norco 10/325 #180, Naprosyn 550mg #60, Trazodone 100 mg #30, Omeprazole 20 mg #60 and Voltaren Gel which were prescribed since at least 01/17/2014. Medical records from Sept. 2013 - 2014 were reviewed which revealed, persistent complaint of bilateral elbow pain primarily over the medial epicondyle, low back pain with radiation into both lower extremities as well as left knee pain. He also has insomnia. The patient's symptoms are aggravated with prolonged sitting and ambulation which causes his significant increase in knee and back pain. His pain scale is currently 6/10 with use of medications and 10/10 without medications. Physical examination showed 5/5 motor tone and strength in both upper extremities. There's a marked tenderness over the medial epicondyle bilaterally. Range of motion in both shoulders, elbow and wrists are within normal limits. Lumbar spine has paraspinous tenderness. Range of motion is 45 degrees flexion, 10 degrees of extension, 20 degrees right lateral flexion, and 20 degrees left lateral flexion. Lower extremity exam showed negative straight leg test bilaterally. Right and left knee exams showed no obvious swelling or crepitus present. There is full range of motion in both knees. Utilization review from 02/04/2014 denied the request for Trazodone because further evaluation is needed as to the cause of his insomnia and must be addressed rather than providing sleep aides.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 100MG, #30: Upheld

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 Section, Trazodone.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG) Mental Illness and Stress Section was used instead. It states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression, or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, trazodone has been prescribed since December 2013 due to patient complaints of insomnia secondary to pain. A progress report, dated 01/17/2014, cited that it was beneficial since it allowed him to sleep for 5 hours straight throughout the night. Although there was mention of benefit of Trazodone to the patient, the cause of his insomnia is not clearly defined. Further evaluation of sleep hygiene is needed. Furthermore, there is no evidence or report mentioned in the medical records that he has anxiety or depression. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression. The guideline criteria have not been met. Therefore, the request for TRAZODONE 100MG #30 is not medically necessary.