

Case Number:	CM14-0028945		
Date Assigned:	04/07/2014	Date of Injury:	06/08/2000
Decision Date:	05/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 an employee of [REDACTED] and has submitted a claim for wrist pain, entrapment neuropathy, upper limb associated with an industrial injury on June 8, 2000. Treatment to date includes oral analgesics, muscle relaxants, physical therapy, chiropractic therapy, epidural steroid injections, cervical and lumbar spine surgery, and bilateral carpal tunnel release. Utilization review dated December 19, 2013 denied request for trazodone 50mg #60 because Trazodone is recommended as an option in patients with insomnia only with a potentially coexisting with mild psychiatric symptoms such as depression or anxiety. Medical records from 2013 were reviewed and showed persistent neck pain and right wrist pain. Sleep quality is poor. On examination there is straightening of the cervical spine with loss of normal cervical lordosis. Range of motion was restricted due to pain with flexion limited to 30°, and extension to 20°. There is tenderness and tight muscle band on the right paravertebral muscles. Right wrist joint revealed swelling with tenderness noted over the volar aspect of the wrist and palm. Tinel's sign was positive. August 29, 2013 progress report recommend weaning of opioid however medications have not been decreased. Medications include Valium, Lyrica, Oxycontin, Trazodone, Baclofen, and Norco. He has been taking Trazodone as far back as May 2013 for insomnia. The patient is taking his medication as prescribed. He states that medications are working well. No side effects were reported. There has been no tolerance to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #60 REFILL X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Mental Illness and Stress, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Trazodone.

Decision rationale: CA MTUS does not address this issue. As noted in ODG, Trazodone is recommended 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 as far back as May 2013 for insomnia. However, there is no documentation regarding formal evaluation of this patient's sleep problems and sleep hygiene that would support use of Trazodone. Therefore, the request for Trazodone 50mg #60 with one refill is not medically necessary per the guideline recommendations of ODG.