

Case Number:	CM14-0041021		
Date Assigned:	06/30/2014	Date of Injury:	03/30/2011
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 60-year-old male who has submitted a claim for cervical facet syndrome, right lateral epicondylitis, right shoulder pain, right wrist pain, right carpal tunnel syndrome, ulnar neuropathy, and right elbow pain associated with an industrial injury date of March 30, 2011. Medical records from 2013-2014 were reviewed. The patient complained of right shoulder, elbow, and wrist pain, rated 2/10 in severity. Physical examination showed restricted range of motion of the right shoulder. Hawkins and Empty cans test was positive. There was tenderness noted on the acromioclavicular joint, biceps groove and coracoid process. There was noted tenderness over the lateral epicondyle as well. Tinel's sign was positive. Tenderness was noted over the radial and ulnar side of the right wrist. The right metacarpophalangeal joint of the thumb and thenar eminence was also tender. Motor strength was 4/5 over the wrist flexor, elbow flexor, elbow extensor, shoulder abduction, abductor pollicis brevis, and abductor digiti minimi on the right. There was decreased light touch sensation over the ring finger and little finger on the left. MRI of the right shoulder, dated November 13, 2013, showed rotator cuff tendinosis, moderate acromioclavicular joint arthrosis hypertrophy and degenerative change, and nondisplaced tear of the posterior glenoid labrum at the equator and small area of cystic degeneration of the posterior inferior glenoid rim. MRI of the right wrist, dated March 30, 2012, revealed tenderness on the ulnar aspect of the wrist, cystic change within the head of the ulna and mild degenerative change of the distal joint with small joint effusion, and degenerative change of the first carpometacarpal joint. EMG/NCV dated June 26, 2011 showed no electrodiagnostic evidence of right cervical radiculopathy, brachial plexopathy, and right median, radial or ulnar neuropathy. Treatment to date has included medications, physical therapy, home exercise program, activity modification, shoulder steroid injections, cervical medial branch radiofrequency neurotomy, right shoulder surgery, right thumb CMC joint injection, right wrist injection, right thumb CMC joint

arthroplasty, and right lateral epicondylitis debridement and repair. Utilization review, dated March 25, 2014, denied the request for Trazodone 50mg, #60. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60: 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 & Stress Chapter, Trazodone.

Decision rationale: CA MTUS does not specifically address trazodone (Desyrel). 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. ODG states that 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, patient has been taking Trazodone since September 2013 for insomnia related to pain. The patient reported improved sleep, improved quality of life, and improved pain the following day when he has had enough sleep. However, there was no documentation regarding formal evaluation of this patient's sleep problem and sleep hygiene that would support Trazodone use. Furthermore, there is no evidence or report mentioned in the medical records that the patient was diagnosed with anxiety or depression. Also, other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone. Guideline recommendations do not support its use unless with comorbid psychiatric condition. Therefore, the request for Trazodone 50mg, #60 is not medically necessary.