

Case Number:	CM14-0042667		
Date Assigned:	06/30/2014	Date of Injury:	12/19/2012
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 38-year-old male with a reported date of injury on 12/19/2012. The injury reportedly occurred when the injured worker was chasing a thief and crashed into car bumpers and doors. His diagnoses were noted to include adjustment disorder with mixed anxiety and depressed mood. His previous treatments were noted to include psychiatric treatment, medication, acupuncture, and physical therapy. The progress note dated 02/22/2014 revealed the injured worker reported he was mentally somewhat better, and his medications were great. The mental status examination revealed the injured worker exhibited a serious and somewhat less tense and dysphoric mood. There was occasional smiling, no laughing or weeping. The injured worker had good eye contact, was focused, and spontaneity was good. The injured worker did not exhibit panic attacks or obsessive rituals. The Request for Authorization form was not submitted within the medical records. The request was for Trazodone 25mg tablets 1-2 tabs at bedtime #60 x1 refill and Valium 10mg tablets 1 tab TID (three times a day) as needed for anxiety #90 x1 refill. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 25mg tablets 1-2 tabs QHS #60 x1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Insomnia treatment.

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, Trazodone (Desyrel).

Decision rationale: The request for Trazodone 25mg tablets 1-2 tabs at bedtime #60 x1 refill is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The Official Disability Guidelines recommend Trazodone 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. The injured worker reported feeling great with the medications and had complained of insomnia due to pain and worry. The injured worker also reported a reduction of depression related symptoms and therefore, the documentation meets the guidelines recommendations in regards to Trazodone. However, the refills of medications are not recommended by the guidelines without evidence to support continued efficacy. Therefore, the request is not medically necessary.

Valium 10mg tablets 1 tab TID (three times a day) PRN Anxiety #90 x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24 Page(s): 24.

Decision rationale: The request for Valium 10mg tablets 1 tab TID (three times a day) as needed for anxiety #90 x1 refill is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker reported the medications were working great and he felt good; however, the guidelines do not recommend long term use of benzodiazepines and state tolerance develops quickly. Therefore, the request is not medically necessary.