

Case Number:	CM14-0050503		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2008
Decision Date:	10/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 41-year-old female who reported an injury on 10/02/2008 due to pushing a dolly; she heard a pop to the right knee and experienced immediate sharp pain. The injured worker had a history of knee pain with throbbing, aching, stiffness, as well as popping and numbness that ran up and down the thigh. The diagnoses included internal derangement of the right knee status post previous surgical intervention, knee sprain down the left, right ankle sprain involving anterior talofibular ligament, and issues with sleep. The injured workers previous treatments included a TENS unit, lab work, medication, and a knee brace. The objective findings to the right knee included tenderness along the mediolateral joint, McMurrays position medially as well as laterally. Anterior drawer test +1, compression test was positive, Lachmans test was negative, and knee extension was 180 degrees and a flexion of 110 degrees on the right. The medications included Naprosyn and Norco. The treatment plan included trazodone. The Request for Authorization was not submitted.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Trazodone, Prozac, Fluoxetine Page(s): 107.

Decision rationale: The request for trazodone 50 mg #60 is not medically necessary. The California MTUS guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical notes indicated that the injured worker had sleep issues; however, the clinical note did not detail the length of sleep the injured worker gets per night, how many times the injured worker wakes up per night, how often that they take the trazodone, or the efficacy of the trazodone. The request did not address the frequency. As such, the request is not medically necessary.