

Case Number:	CM14-0057281		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2008
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 60-year-old female with a 04/22/2008 date of injury, when she slipped and landed on her right leg. 3/18/14 determination was non-certified given no recent psychological evaluation that would provide an objective assessment of the patient's response to the prior use of Trazodone through assessment tools such as the BAI and BDI-II scales, and no clear rationale/clinical indication for the use of Trazodone for the patient's condition. Progress reports dated 3/12/14 and 1/29/14 by [REDACTED], revealed that the patient was previously diagnosed with degenerative joint disease (DJD) of the right knee, pain unchanged, and denied significant new trauma. Last cortisone injection was one year ago and continues to be improved. The patient is still not ready for a total knee arthroplasty. Exam revealed range of motion 9-100, 2+ patellofemoral grind, and valgus deformity 8 degrees. His visit on 3/3/14 notes identified shoulder pain and symptoms of anxiety. There were also sleep disturbances. Patient's medications included Naproxen, Atorvastatin, Chantix Continuing Month Pak, Lisinopril/Hydrochlorothiazide, Nicotine patch, Trazodone (started on 1/2/14), Wellbutrin XL, and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Trazadone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, the ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Specifically, the ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There was an indication of sleep disturbances and anxiety and was noted that Trazodone was initiated in January 2014. However, if the requested Trazodone was intended as a treatment option for insomnia, there was no clear delineation of the patient's sleep disturbances, such as difficulties with sleep initiation, or frequent awaking, etc. There was also no indication that the patient was following a sleep hygiene protocol and this was insufficient to address the cited disturbances. In addition, if Trazodone was intended to be used due to depressive/anxiety symptoms, the patient was concurrently taking Zoloft and Wellbutrin, and there was no indication for the need to add an additional anti-depressive medication to the patient's regimen. More so, when also taking Naproxen, the ODG states that the concurrent use of SSRIs and NSAIDs is associated with relative risk of serious upper gastrointestinal (GI) events when compared to NSAIDs alone. There was insufficient documentation to support the necessity of continued Trazodone intake. Therefore, 90 tablets of Trazadone 50mg are not medically necessary.