

Case Number:	CM14-0070395		
Date Assigned:	07/14/2014	Date of Injury:	04/22/1999
Decision Date:	09/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 48-year-old female with an original date of injury of April 22, 1999. The industrially related diagnoses include myofascial pain syndrome, chronic pain, deconditioning, and lumbar radiculopathy. The patient has been treated with physical therapy, medications, and in interdisciplinary program. There is documentation of sleep disturbance. The requesting provider had suggested the addition of Trazodone at night time to help with this. The disputed request is for Trazodone 100 milligrams at night for a 30 day supply with 3 refills. A utilization review determination had modified this request to a 30 day supply of Trazodone with 0 refills. The rationale for this modification was that the patient should be reassessed for efficacy of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30 with 3 refills: 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) Stress and Mental Illness Chapter, Insomnia Management.

Decision rationale: Since the California Medical Treatment and Utilization Schedule do not specifically comment on Trazodone, the Official Disability Guidelines are cited. There is a recommendation for a nonpharmacologic behavioral intervention in the management of insomnia first. This appears to be the case as the patient has previously done an interdisciplinary pain program. The use of Trazodone is appropriate for sleep. However, the issue of dispute is the duration of prescription for this medication. The reason for the modification by the utilization reviewer was that the patient should be reassessed for efficacy of this medication prior to refill. A progress note on April 29, 2014 entitled "Refill Clinic" documents that the patient received a refill of Trazodone for a 30 day supply as with no refills. Subsequently, the patient should have clear documentation that the medication is effective for sleep and is well tolerated and to having further refills. Therefore, the request for Trazadone 100mg #30 with 3 refills is not considered to be medically necessary.