

Case Number:	CM14-0071295		
Date Assigned:	07/14/2014	Date of Injury:	09/06/2011
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 25-year-old female who sustained injuries on September 6, 2011. She was being seen by the treating physician for periodic evaluation and management. On January 15, 2014, the injured worker complained of pain in her neck and back that radiated to her left arm and left leg, as well as left shoulder and left hip pain. She reported that her quality of sleep was poor. On examination, she had an antalgic gait and used a cane for assistance. Cervical spine examination revealed restricted range of motion and tenderness over the paravertebral muscles. Lumbar spine examination demonstrated limited range of motion and positive Straight leg raising test on the left side. Left ankle examination revealed swelling and tenderness over the Achilles tendon. Neurological examination revealed motor weakness of the left ankle dorsi flexor and plantar flexor, left knee extensor, and left hip flexor, as well as diminished sensation over the lateral and medial foot on the left side. The injured worker returned on February 12 and 26, 2014 with same pain complaints but noted that her quality of sleep was fair. Examination findings were essentially unchanged. In her follow-up visit on March 12, 2014, the injured worker reported poor quality of sleep. She reported that using Trazodone was helpful in achieving seven hours of sleep as compared to one hour without its use. Subsequently, on April 9, 2014 and May 7, 2014, the injured worker still noted poor quality of sleep but indicated that Trazodone was helpful. Objective findings were the same. On June 18, 2014, the injured worker complained of increased pain in her neck, left shoulder and low back. She also reported poor quality of sleep. Physical examination findings remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 99-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Insomnia is a serious clinical and social problem; on that note, effective treatment with the use of Trazodone is reasonably indicated to address the injured worker's inability to achieve restful and adequate sleep. However, three prescription refills is not medically necessary without regular and careful assessment of the injured worker's response to the medication. The Chronic Pain Medical Treatment Guidelines states that assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should also be assessed.