

Case Number:	CM14-0090574		
Date Assigned:	07/23/2014	Date of Injury:	05/22/2009
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 30-year-old male with a reported date of injury on 05/22/2009. The mechanism of injury reportedly occurred when a box fell on the injured worker. His diagnoses were noted to include; right knee pain, status post partial medial meniscectomy, healed repaired tear, surgically severed medial patellar plica, depression and anxiety. His previous treatments were noted to include medications, surgery and acupuncture. The progress note dated 02/20/2014, revealed the injured worker complained of right knee pain. The injured worker indicated the medication regimen was helpful and it brought his pain level down from a 9/10 to 4 to 5/10. The medication allowed him to continue to remain functional and active, carry out activities of daily living, such cooking, cleaning, laundering, and self hygiene. His medication regimen was noted to include; tramadol 50 mg 3 times a day, tramadol 150 mg daily, and trazodone 50 mg, as needed. The physical examination noted tenderness throughout the right knee with crepitus. The progress note dated 04/25/2014, revealed the injured worker reported the Kenalog injection was significantly helpful for his knee pain and his pain was in good control with the medication. The trazodone, he reported he took periodically and that he was active during the daytime. The objective findings reported he was ambulating well. The Request For Authorization form dated 05/07/2014 was for trazodone 50 mg, #60 as needed for pain, 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:

Retrospective DOS: 4/25/14: Trazodone 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants.

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 retrospective request dated 04/25/2014 for trazodone 50 mg, #60 is non-certified. The injured worker has been utilizing this medication since at least 07/2013. 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. The guidelines state there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The injured worker does have potential coexisting mild psychiatric symptoms such as depression/anxiety and indicated the trazodone was working for him. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.