MAXIMUS Federal Services

Case Number:	CM14-0091106		
Date Assigned:	09/10/2014	Date of Injury:	06/01/2011
Decision Date:	10/22/2014	UR Denial Date:	06/06/2014
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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 39-year-old who reported an injury on June 1, 2011 to his left shoulder. A clinical note dated January 22, 2014 indicated the injured worker undergoing psychological workup. The injured worker demonstrated findings consistent with severe levels of depression and moderate to severe levels of anxiety. The initial injury occurred on June 1, 2011 when the injured worker was involved in motor vehicle accident. The injured worker utilized MS Contin, oxycodone, Voltaren gel, and Trazadone. The injured worker stated he had difficulty with being continuing to be active and social activities. A clinical note dated March 6, 2014 indicated the injured worker continuing with poor quality of sleep. The injured worker stated the medications were working well at that time. The injured worker continued with Trazadone at that time. The injured worker reported worsening pain at the left shoulder and low back pain and low back. A clinical note dated April 3, 2014 indicated the injured worker continuing with Trazadone to address ongoing complaints of insomnia. The injured worker demonstrated 4/5 strength at the left shoulder. A clinical note dated May 12, 2014 indicated the injured worker continuing with 8/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100 mg, sixty count with one refill: Upheld

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

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 Chapter, Trazodone (Desyrel)

Decision rationale: Trazadone is recommended as an option for insomnia only for injured workers with potentially coexisting mild psychiatric symptoms such as depression and anxiety. The injured worker underwent psychological testing revealing severe levels of both depression and anxiety. It is unclear if the injured worker has undergone any sleep studies as no information was submitted regarding previous treatments or diagnostic tests for the complaints of insomnia. Given this, the request for ongoing use of Trazadone is not fully indicated. Therefore, the request for Trazadone 100 mg, sixty count with one refill, is not medically necessary or appropriate.