

Case Number:	CM14-0185043		
Date Assigned:	11/12/2014	Date of Injury:	09/24/2005
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/06/2014

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's original date of injury was September 24, 2005. The industrial diagnoses include insomnia, crush injury to the right hand, myofascial pain, and depressive symptoms. The disputed issues include a request for trazodone and Silenor. These were noncertified in a utilization review determination on November 4, 2014. The utilization reviewer had a peer-to-peer conversation with the requesting provider. The treating provider was asked why two different sleep aids are being used. He states he only needs one, but he would like to leave both requests in case one of them is approved. The utilization reviewer had noncertified trazodone, citing that there was no documentation that a psychological aspect to the claimant insomnia has been evaluated. With regard to the denial of Silenor, the reviewer again cited that there was no documentation that a psychological aspect to the claimant insomnia has been evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: Regarding the request for trazodone, California MTUS guidelines are silent regarding the use of trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is documentation of "some difficulty sleeping as documented in a progress note from August 10, 2014. There is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. In the absence of such documentation, the currently requested trazodone is not medically necessary.

Silenor 6mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics

Decision rationale: Regarding the request for Silenor, California MTUS guidelines are silent regarding the use of Silenor (doxepin) for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is documentation of "some difficulty sleeping" as documented in a progress note from August 10, 2014. There is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. In the absence of such documentation, this request is not medically necessary. Furthermore, it is unclear as to why two insomnia medications are being utilized simultaneously.