

Case Number:	CM14-0187466		
Date Assigned:	11/17/2014	Date of Injury:	03/17/2011
Decision Date:	01/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 55-year-old with a reported date of injury of 03/17/2011. The patient has the diagnoses of depression, anxiety, amputation of finger and amputation arm unilateral NOS. Per the most recent progress notes provided for review from the primary treating physician dated 10/23/2014, the patient continued to have phantom pain in the right hand that is worse at night. The physical exam noted no new abnormalities. Treatment plan recommendations included a second opinion for the phantom pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trazodone 50mg #30 on 9/11/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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)Trazodone

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Trazodone, sedating antidepressants such as Trazodone have also been used to treat insomnia, however there is less

evidence to support their use for insomnia. The ODG recommends Trazodone as an option in the treatment for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone. Per the documentation, the patient's insomnia is due to pain not the patient's depression or anxiety. Earlier progress notes from June also stated the medication was of questionable benefit. Therefore criteria set forth per the ODG for the use of Trazodone in the treatment of insomnia have not been met and the request is not certified.

Retrospective request for Magnesium 500mg #30 on 9/11/2014: 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 National Institute of Health

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the NIH, magnesium is an abundant mineral in the body that is naturally present in many food products. It is a cofactor in over 300 enzyme systems in the body. Assessing magnesium status is difficult because most magnesium is inside cells or bones. Symptomatic magnesium deficiency due to low dietary intake is uncommon because the kidneys limit urinary excretion of this mineral. Groups at risk for deficiency include those with gastrointestinal disease, diabetes, alcoholism and older adults. There is no mention of magnesium deficiency or the patient being in an at risk group. Therefore the request is not certified.