

Case Number:	CM15-0004417		
Date Assigned:	01/15/2015	Date of Injury:	11/06/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 11/06/2013 after a fall while performing normal job duties. The injured worker reportedly sustained an injury to his head, cervical spine, and right elbow. The injured worker's treatment history included cervical spine surgery, physical therapy, and multiple medications. The injured worker was evaluated on 10/29/2014. It was documented that the injured worker had persistent shoulder and neck pain. Physical findings included painful rotator cuff and biceps with tenderness to palpation of the trapezius, shoulder girdle, medial and lateral epicondyles, and olecranon capitellar joint. The injured worker's diagnoses included discogenic cervical condition with facet inflammation, status post concussion, right shoulder impingement, ulnar nerve neuritis, carpal tunnel syndrome, nonspecific discomfort of the extensor muscles bilaterally, and chronic pain syndrome. The injured worker's medications included Norco 10/325 mg, Lidoderm patches 5%, tramadol extended release 150 mg, trazodone 50 mg, and Topamax 50 mg. The injured worker's treatment plan included a refill of medications, a referral to a psychiatrist and dentist, and additional physical therapy. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatments.

Decision rationale: The requested trazodone hydrochloride 50 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address his medication. The Official Disability Guidelines recommend sedating antidepressants to assist with insomnia related to chronic pain. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's sleep patterns to support the use of pharmacological interventions. There was no documentation of nonpharmacological interventions failing to promote better sleep health for the injured worker. Additionally, the request as it is submitted did not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested trazodone hydrochloride 50 mg #60 is not medically necessary or appropriate.