

<b>Case Number:</b>	CM15-0102762		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 1/26/2013. The mechanism of injury is not detailed. Diagnoses include lumbosacral disc herniation, bilateral knee sprain, cervical sprain with radicular symptoms, chest contusion, history of rib fracture, lumbosacral sprain, and right shoulder sprain with rotator cuff tendinitis. Treatment has included oral medications, shoulder injection, and chiropractic treatment. Physician notes dated 1/29/2015 show complaints of chest pain, temporarily relieved shoulder pain, and back pain. Recommendations include chest CT scan, medical records for review, psychiatric consultation, Trazadone, Ultracet, and follow up in eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the chest:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation What is a chest CT scan National Heart, Lung, and Blood Institute, National Institutes of Health <https://www.nhlbi.nih.gov/health/health-topics/topics/cct>. Accessed 07/04/2015.

**Decision rationale:** A CT of the chest takes detailed pictures of the inside of the chest using special x-rays and a computer. The MTUS Guidelines are silent on this issue. The submitted and reviewed records indicated the worker was experiencing pain in the chest, collarbone, neck, upper and mid-back, both knees with swelling, and head. The worker had a reported history of a broken rib. The documented assessments of the chest and collarbone pain were minimal. There was no discussion suggesting the reason this study was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a CT of the chest is not medically necessary.

**Trazodone 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone: Drug information. Topic 10013, version

138.0. Up-To-Date, accessed 07/04/2015 Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).

**Decision rationale:** Trazodone is an anti-depressant in the serotonin reuptake inhibitor class of medication. Trazodone is FDA-approved for the treatment of major depression. The primary benefit of this medication on pain management is likely through improved mood. While there is some literature to support the use of trazodone for sleep problems, some research suggests this medication may actually worsen sleep issues. Trazodone is not FDA-approved for this use, and the Guidelines are silent on its use in this setting. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. The submitted and reviewed records indicated the worker was experiencing depressed and anxious moods and pain in the chest, collarbone, neck, upper and mid-back, both knees with swelling, and head. The documentation reported the trazodone was recommended to improve sleep. There was no detailed assessment of the worker's sleep problem. There was no discussion suggesting prior behavioral changes had been attempted or encouraged. These records suggested the worker had used this medication long-term but there was no indication weaning had been attempted or that the medication was providing benefit. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of trazodone 50mg is not medically necessary.

Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. The request is not medically necessary.