

Case Number:	CM15-0104122		
Date Assigned:	06/08/2015	Date of Injury:	10/22/2008
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 67 year old male who sustained an industrial injury on 10/22/2008 to the low back. Treatment provided to date has included: psychological/psychiatric therapies, lumbar spine and left shoulder surgery, injections, medications, and conservative treatment. On 04/27/2015 he was seen by [REDACTED] in psychiatric follow-up. Diagnoses are major depression single episode moderate, and insomnia limited to nonrestorative sleep. Mood was frustrated with congruent affect. He noted "I do what I can with my limitation". Current medications include trazodone for sleep and depression and Vicodin for pain. He no longer receives psychotherapy. He has been on Trazodone since at least 07/01/14 and reports that it is helpful. His current dose is 200mg QHS. UR of 05/12/15 modified this request to Trazodone 100mg #60 with one refill as he was returning to the clinic in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60 with 4 refills: 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), Mental Illness & Stress, Trazodone.

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 & Stress/Pain, Insomnia treatment.

Decision rationale: The patient suffers from insomnia. Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Trazodone is a sedating antidepressant commonly prescribed which does not carry the adverse side effect profile of benzodiazepines, or the time limitations of other ODG recommended insomnia treatments. It has the added benefit of aiding depressed patients and is considered medically necessary in this case. But, the request for one prescription with an additional 4 refills is excessive given that the patient is returning to the clinic in 8 weeks. This request is therefore not medically necessary.