

Case Number:	CM15-0104201		
Date Assigned:	06/08/2015	Date of Injury:	05/07/2008
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 5/07/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical spondylosis, cervical radiculopathy, fibromyalgia/myositis, muscle spasm, and unspecified neuralgia/neuritis and radiculitis. Treatment to date has included diagnostics, cervical fusion surgery, trigger point injections, and medications. Currently, the injured worker complains of her medications being off schedule, causing increased stress and anxiety. She reported resuming Percocet and slowly getting back to baseline, but with increased tightness and spasm. She reported a migraine due to spasms. She continued with left upper extremity numbness and tingling, extending into her left hand, increased left hip pain, with radiation down the leg. She requested trigger point injections for exacerbation in her spasms. Medications included Percocet, Neurontin, Prilosec, Xanax, Trazadone, and Seroquel. It was documented that Trazadone and Seroquel helped her depression and sleep restoration. The use of Trazadone and Seroquel was noted since at least 10/2014. Her exam noted her to be pacing in the room, with mood and affect showing anxiety. Medication refills were requested. Her work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30 (last approved 4/15/15 - fill after 5/15/15): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants 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. The patient has depression and insomnia. Therefore criteria are met and the request is medically necessary.

Seroquel 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, seroquel.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of major depression, bipolar disorder and schizophrenia. The patient does not have any of these diagnoses and therefore the request is not medically necessary.