

Case Number:	CM15-0105222		
Date Assigned:	06/09/2015	Date of Injury:	08/15/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
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

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 45-year-old male, with a reported date of injury of 08/15/2013. The diagnoses include status post left forefoot fracture with residual pain. Treatments to date have included oral medications, an exercise program, an MRI of the left hind-to-midfoot on 09/06/2013, and physical therapy. The progress report dated 05/05/2015 indicates that the injured worker continued to struggle with left foot pain. The injured worker stated that at night he had problems sleeping due to pain. It was noted that he had benefit with the medications. He stated that the medications decreased his pain levels down to 40 or 50%, and after the medications, he was able to move around and walk for at least 45 minutes longer than without the medications. The objective findings include tenderness on the dorsum of the left foot, and walked unassisted. The treating physician requested Trazodone 50mg #30. The medication was proved to help the injured worker sleep and for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 30: Upheld

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

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

Decision rationale: The Official Disability Guidelines comment on the use of medications for the treatment of insomnia. In general, these guidelines state that pharmacologic agents should only be used after careful evaluations of the potential causes of the sleep disorder. Regarding the use of sedating antidepressants, such as trazodone, these guidelines state the following: 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. In this case, there is no documentation to indicate that the patient has coexisting depression. Further, there is insufficient documentation in the medical records that there has been an evaluation for the underlying cause of this patient's sleep disturbance. For these reasons, Trazodone is not considered as a medically necessary treatment.