MAXIMUS Federal Services

Case Number:	CM15-0019731		
Date Assigned:	02/09/2015	Date of Injury:	07/30/2003
Decision Date:	05/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Florida
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 48 year old male with an industrial injury dated 07/30/2003. His diagnoses included status post cervical 5-thoracic 2 posterior cervical fusion, cervical 6 incomplete quadriplegia post cervical 6-7 fracture dislocation, neurogenic bowel, neurogenic bladder, low back pain and cervical radiculopathy. He also had a psychiatric diagnosis of major depressive disorder and anxiety. Prior treatments included medications, psychiatric care, neck surgery, stellate ganglion block, sacroiliac joint injection, thoracic paramedian epidural block and diagnostics. Progress note dated 12/22/2014 notes the injured worker presents with persistent right upper extremity pain, neck pain, low back pain and bilateral lower extremity pain. Physical exam noted antalgic gait with the use of bilateral forearm crutches for ambulation. He was wearing bilateral ankle/foot braces. Flexion contracture was noted in the right wrist and hand. Treatment plan included a medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone tab 50mg #30: Overturned

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 and Stress Chapter; Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Options for Insomnia, Kalyanakrishnan Ramakrishnan, MD, and Dewey C. Scheid, MD, MPH, University of Oklahoma Health Sciences Center, Oklahoma City, OklahomaAm Fam Physician. 2007 Aug 15; 76(4):517-526.

Decision rationale: MTUS guidelines do not specifically address the medication Trazodone. It is specifically stated in the medical records that this medication is being prescribed for "difficulty sleeping due to pain." Insomnia is a known indication for the prescription of this dose of Trazodone. This is a medically reasonable request, and it is considered medically necessary.