

Case Number:	CM15-0131870		
Date Assigned:	07/20/2015	Date of Injury:	06/20/2013
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 66-year-old male, who sustained an industrial injury on June 20, 2013. The injured worker reported having legs run over by a car. The injured worker was diagnosed as having post traumatic stress disorder (PTSD), major depressive disorder, chronic pain and somatic symptom disorder with predominant pain. Treatment to date has included surgery, therapy and medication. A progress note dated June 18, 2015 provides the injured worker complains of hearing voices in his sleep, seeing faces on the walls and windows and sometimes feeling like someone is holding his arms down. Physically he complains of pain and stiffness in the right ankle. He reports one episode of suicidal ideation and that intrusive thoughts keep him awake and having nightmares a few times a month. Physical exam notes he presents with symptoms of being depressed, anhedonia, poor concentration, low energy, irritability and anxiety. The plan includes Trazodone, group psychoeducation, medication management and group cognitive behavioral therapy (CBT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50-100mg #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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50-100 mg #30 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, pain in joint hand; and pain in joint ankle foot. The date of injury is June 20, 2013. Request for authorization is June 22, 2015. According to a June 11, 2015 progress note, the injured worker's subjective complaints are right ankle pain, depression and anxiety. The injured worker was approved for psychiatry consultation and psychology follow-up. The documentation indicates trazodone was discontinued because of potential complications with the use of that medication and Ultracet. Based on the discontinuation of trazodone in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for a prescription for ongoing trazodone, Trazodone 50-100 mg #30 is not medically necessary.