

Case Number:	CM15-0137401		
Date Assigned:	07/27/2015	Date of Injury:	11/06/2013
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 51 year old male, who sustained an industrial injury, November 6, 2013. The injured worker previously received the following treatments physical therapy, cervical fusion C5-C6, multiple trigger point injections of the cervical spine, right shoulder MRI, cervical spine MRI, Lidoderm patches, Naproxen, Neurontin, Norco, Topamax, Protonix, Nalfon, Trazodone, right shoulder MRI and cognitive behavioral therapy. The injured worker was diagnosed with right shoulder impingement syndrome with rotator cuff strain, right carpal tunnel syndrome on the right, discogenic cervical condition, ulnar nerve neuritis on the right, chronic pain syndrome and post-concussion syndrome. According to progress note of April 4, 2015, the injured worker's chief complaint was pain management for the head, neck, spine, shoulders and arm. The injured worker reported the pain had stayed the same. The injured worker rated the pain at 8 out of 10. The injured worker was having trouble with sleeping because of the pain. The injured worker was avoiding social activities because of the pain. The injured worker was feeling anxious and worrisome. The Beck depression inventory the injured worker scored 26, which was moderate depression. The Beck's anxiety inventory the injured worker scored 21, the injured worker was moderately anxious. The treatment plan included a prescription for Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "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 (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) 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. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review indicates that the injured worker has difficulty sleeping secondary to chronic pain and also suffers from depression secondary to chronic pain. Per the medical records, the injured worker has been using this medication since 9/2014, however, there is no documentation of efficacy with regard to insomnia or depression. Absent such documentation, the request is not medically necessary.