

Case Number:	CM15-0138765		
Date Assigned:	07/28/2015	Date of Injury:	05/22/2011
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 54 year old female who reported an industrial injury on 5/22/2011. Her diagnoses, and or impression, were noted to include: right > left upper extremity pain, likely non-specific myalgia; right lateral epicondylitis, improved post-surgery; possible right De Quervain's tenosynovitis, post 3 prior injections; and symptoms of depression. Recent electrodiagnostic studies were said to be done on 10/8/2014, and right wrist magnetic resonance imaging studies on 2/5/2015. Her treatments were noted to include: a right thumb Spica brace; injection therapy; medication management; and modified work duties. The progress notes of 3/17/2015 reported being seen for a second-opinion, for bilateral upper extremity pain. Objective findings were noted to include: reported right proximal forearm pain with motion; positive bilateral Phalen's, Tinel's and Durkan carpal tunnel compression tests, with negative neuropathy; diffuse tenderness, right > left, in the upper extremities and right lateral epicondyle; complaints of severe tenderness in multiple areas about her right wrist, with positive Finkelstein's test and with passive thumb composite extension; diffuse tenderness in the right upper extremity; and decreased right grip strength test. The physician's requests for treatments were noted to include the continuation of Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60: 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 & Stress Chapter - Trazodone.

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the Guidelines support the use of Trazadone for insomnia associated with depression/pain. The treating and a consulting physician have documented a sleep disorder associated with chronic pain and depression. At least a trial of Trazadone 50mg #60 is consistent with Guidelines and is medically necessary.