

Case Number:	CM15-0140479		
Date Assigned:	07/30/2015	Date of Injury:	04/15/2009
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation, 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 is a 51-year-old male who sustained an industrial injury on 04-15-2009. Mechanism of injury occurred when he struck his knee on the corner of a unit. Diagnoses include chronic left knee pain-status post meniscal cleanout repair on 06-28-2011, chronic right knee pain, bilateral ankle pain, bilateral shoulder pain, anxiety and depression due to his chronic pain, and chronic low back pain. Treatment to date has included diagnostic studies, medications, surgery and physical therapy. Current medications include Oxycodone, Prilosec, Soma, Trazodone and Colace. A physician progress note dated 06-27-2015 documents the injured worker's pain is 7 out of 10 without medications and with medications his pain is 4 out of 10, and the medications allow him to be functional. He has occasional upset stomach from the NSAIDs he takes, but Prilosec relieves this. He can walk a little longer. He has some tenderness across the joint line of his bilateral knees, and he has some swelling right below the patella in both knees. He has crepitus with flexion, and extension of the left knee. The treatment plan includes a follow up appointment for right knee surgery after left knee is strengthened, again requesting Synvisc injections that were recommended previously, prescriptions of OxyContin, Prilosec, Colace and Relafen, and a follow up visit in 2 months. Treatment requested is for Trazodone 50mg #60, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for trazodone, California MTUS guidelines are silent regarding the use of trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Given this, the current request is not medically necessary.