

Case Number:	CM15-0143793		
Date Assigned:	08/04/2015	Date of Injury:	08/30/2012
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: North Carolina

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 55 year old male who sustained an industrial injury on 8-30-15 when a gas tank slipped through his hands causing him to twist his neck. As time progressed his pain progressed to right side of his neck, right shoulder, and right arm. He was medically evaluated, prescribed medication, had an MRI of the neck (11-2012), one cervical epidural steroid injection (11-2012) with moderate relief for 2-3 weeks and physical therapy which provided no significant relief. He currently complains of neck pain radiating from the neck down the right arm and shoulder with a pain level of 6 out of 10 with medication and 10 out of 10 without medication; upper back pain. He has limited range of motion of the neck with associated cervicogenic headaches. With medication he has increased his walking. He has sleep disturbances. On physical exam of the cervical spine there was muscle spasm and tenderness on the right side with decreased range of motion, cervical facet loading was positive bilaterally; right shoulder revealed restricted range of motion, positive Hawkin's and Neer test and Hoffman's sign was positive bilaterally. Industrial medications were Norco, gabapentin, trazadone, naproxen, omeprazole, tramadol. Diagnoses included cervical radiculopathy; shoulder pain. Treatments to date include the treatments mentioned above; medications; transcutaneous electrical nerve stimulator unit with benefit. Diagnostics include MRI of the cervical spine (11-12-12) showing right facet joint arthropathy, spondylosis; electromyopathy, nerve conduction study of bilateral upper extremities (12-19-12) showing mild nerve root irritation, early polyneuropathy of upper limbs. In the progress note dated 6-15-15 the treating provider's plan of care includes a request for Trazadone 50 mg #60 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg take 1-2 at bedtime #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, Mental Illness and 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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.