

Case Number:	CM15-0162714		
Date Assigned:	08/31/2015	Date of Injury:	05/05/2011
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, insomnia, anxiety, depression, hypertension, adjustment disorder reportedly associated with an industrial injury of May 5, 2011. In a Utilization Review report dated August 3, 2015, the claims administrator approved requests for Seroquel and Wellbutrin while partially approving a request for trazodone. A July 24, 2015 was referenced in the determination. The claims administrator suggested that the request for Seroquel represented a tapering supply of the same. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant received his 31st session of cognitive behavioral therapy. On visits of August 7, 2015 and July 31, 2015, the applicant received further cognitive behavioral therapy. The applicant's psychotropic medications were not discussed or detailed. On July 24, 2015, the applicant reported ongoing issues with chronic pain, sleep disturbance, insomnia, and anxiety. Seroquel, Wellbutrin, trazodone, Belsomra, 6 additional sessions of cognitive behavioral therapy were endorsed. The applicant's work status was not detailed. The applicant was described as having issues with daily anxiety. The applicant denied any hallucinations. Symptoms of better energy level, improved concentration, and less hopefulness were reported. The applicant's Global Assessment of Functioning was 55, it was reported. The attending provider suggested continued usage of Seroquel, Wellbutrin, and Belsomra, along with a decreased dosage of trazodone for the purposes of ameliorating the applicant's issues with insomnia and depression. The attending provider suggested that he was employing trazodone at a diminished amount, seemingly in an effort to find an optimum dosage of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 200mg rate of 25mg/week (50mg #180): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful in alleviating symptoms of depression. Here, the attending provider contended that ongoing usage of trazodone had ameliorated the applicant's mental health issues to some degree. The applicant was described on July 24, 2015 as exhibiting a better energy level, improved concentration, and less hopefulness. Continued usage of trazodone, thus, was indicated to ameliorate ongoing depressive issues and/or sleep disturbance issues. Therefore, the request was medically necessary.