

Case Number:	CM15-0163608		
Date Assigned:	08/31/2015	Date of Injury:	06/27/2011
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

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 46 year old female, who sustained an industrial injury on June 27, 2011. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medications, MRI, psychiatry, toxicology screen and injection. Currently, the injured worker complains of persistent head, neck, shoulder and left hip pain, as well as pain between her shoulder blades. She reports symptoms of depression and anxiety related to her pain. She also reports sleep disturbance waking several times a night due to the pain. The injured worker is currently diagnosed with discogenic cervical condition with disc disease, discogenic lumbar condition, impingement syndrome of shoulders bilaterally, labral tear and hip inflammation, temporomandibular joint syndrome and head concussion. Her work status is total temporary disability. A progress note dated June 11, 2015, states the injured worker experienced excellent relief from shoulder injections that lasted for approximately one year. The following medications are requested; Trazodone 50 mg #60 for insomnia and Protonix 20 mg #60 to protect the stomach as the injured worker is taking non-steroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for neck, shoulder, left hip, and head pain. When seen, she was having muscle spasms and stiffness and anxiety and depression secondary to chronic pain. Physical examination findings included cervical and thoracic paraspinal muscle tenderness and left shoulder and biceps tendon pain. Medications were refilled. Trazodone was being prescribed for insomnia. The claimant has a negative past medical history and review of systems is positive for stress, depression, and difficulty sleeping. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Continued prescribing of Trazodone was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for neck, shoulder, left hip, and head pain. When seen, she was having muscle spasms and stiffness and anxiety and depression secondary to chronic pain. Physical examination findings included cervical and thoracic paraspinal muscle tenderness and left shoulder and biceps tendon pain. Medications were refilled. Trazodone was being prescribed for insomnia. The claimant has a negative past medical history and review of systems is positive for stress, depression, and difficulty sleeping. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Protonix (pantoprazole) was not medically necessary.