

Case Number:	CM15-0164160		
Date Assigned:	09/01/2015	Date of Injury:	08/30/2010
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48-year-old female, who sustained an industrial injury on 8-31-2010. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include history of atrial fibrillation status post cardiac ablation, hypertension, chest pain, palpitation, shortness of breath, abdominal pain, acid reflux, sleep disorder and headache. Currently, she complained of no change in abdominal pain, acid reflux, and diarrhea. On 6-4-15, the physical examination documented no acute physical findings. The appeal request included authorization for Trazadone 50mg, one to two tablets every night at bedtime for insomnia, with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg (unknown quantity) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/2015) Online Version.

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 and stress-Trazadone and Insomnia treatment.

Decision rationale: Trazadone 50mg (unknown quantity) with 2 refills is not medically necessary per the ODG. The MTUS does not address insomnia or Trazadone. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has anxiety/depression. There is documentation of a discussion of sleep hygiene. There is also documentation that the patient has tried Ambien for sleep. The request cannot be certified as medically necessary without a specified quantity of this medication therefore the request for Trazadone is not medically necessary.