

Case Number:	CM15-0165045		
Date Assigned:	09/02/2015	Date of Injury:	07/29/2011
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 51-year-old male who sustained an industrial injury on 07-29-2011 due to a fall. Diagnoses include right and left calcaneus fractures, status post fall; lumbar spine degenerative disc disease, status post laminectomy, with residual symptoms; left and right knee medial compartment osteoarthritis, status post arthroscopy; history of right tibial plateau fracture; status post open reduction, internal fixation of right ankle fracture; anxiety and depression; and history of post-traumatic stress disorder. Treatment to date has included medication, physical therapy, psychiatric treatment, spinal surgery, left and right knee arthroscopy and repair of heel fractures. According to the progress notes dated 7-28-2015, the IW (injured worker) reported continuous low back pain with periodic episodes of right leg pain. Norco helped with pain enough to allow him to perform some activities of daily living. He complained of difficulty sleeping due to back pain at least once or twice a week. He was trying to exercise on an elliptical trainer and a treadmill for 10 minutes at a time. On examination, there was bilateral lumbar paraspinal tenderness and spasms. Extensor hallucis longus and anterior tibialis strength was 4+ out of 5 bilaterally and otherwise strength was 5 out of 5 in the lower extremities. Lasegue's test was positive at 50 degrees in the right lower extremity. Deep tendon reflexes were 1+ at the knees and ankles bilaterally. Braces were worn on both knees. Trace bilateral effusion was noted. Flexion was 0 to 120 degrees in both knees. There was patellofemoral crepitation in the left knee. His gait was antalgic, favoring the right lower extremity. A request was made for Trazodone 100mg, #30 with no refill, 1 by mouth at bedtime as needed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 MG #30 with 0 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 option in patients with coexisting depression. The patient has documented insomnia and depression symptoms. Therefore, the request is medically necessary.