

Case Number:	CM15-0167279		
Date Assigned:	09/04/2015	Date of Injury:	04/14/2008
Decision Date:	10/07/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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 41 year old male who sustained an industrial injury on 4-14-08. Diagnoses are shoulder joint pain, lower leg pain, lumbago, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, and post-laminectomy syndrome. In a progress report dated 7-20-15, the physician notes he ambulates slowly with a cane and has some difficulty with transfers. His gait is antalgic and he is unable to heel toe stand. There is decreased range of motion of the back due to pain, L5-S1 sensory deficits and straight leg is positive. Pain is rated at 6-8 out of 10. He reports good benefit with Trazadone 50mg at bedtime for his insomnia, which allows him to fall asleep, stay asleep and awaken well rested. He previously noted that due to his neuropathic pain he was unable to sleep. He has previously failed Tryptophan and Melatonin. Previous treatment is Lyrica, Gabapentin, Norco, Oxycodone, Prozac, Nabumetone, Nucynta, aqua therapy, massage therapy, and lumbar epidural steroid injection. He is noted to be permanent and stationary. The requested treatment is Trazadone 50mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Trazadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Trazodone (Desyrel) (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in April 2008 and continues to be treated for left shoulder, right knee, and low back pain. Diagnoses include post laminectomy syndrome. Assessments reference consideration of a sleep study in December 2014 and he has a history of sleep apnea. He has psychiatric diagnoses including chronic anxiety and depression. Medications include trazodone, which is referenced as allowing him to fall asleep, stay asleep, and awaken well rested. Tryptophan and melatonin had been ineffective. When seen, pain was rated at 6-8/10. Physical examination findings included a BMI of 32. There was an antalgic gait with use of a cane and he had difficulty transitioning positions. There was decreased lumbar spine range of motion with pain and positive straight leg raising. There was lumbar spine tenderness with decreased upper and lower extremity strength and decreased bilateral lower extremity sensation. Medications were refilled. Trazodone is recommended as an option for insomnia for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. However, guidelines also recommend that 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, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant has a diagnosis of obstructive sleep apnea and primary treatment for this condition is not documented. The request for continued prescribing of trazodone was not medically necessary.