

Case Number:	CM15-0182122		
Date Assigned:	09/23/2015	Date of Injury:	07/17/2003
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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, Illinois

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 51 year old female injured worker suffered an industrial injury on 7-17-2003. The diagnoses included lumbar fusion and lumbar degenerative disc disease. On 8-17-2015, the treating provider reported low back pain and reported improvement in symptoms secondary to warmer weather and medication rated 3 out of 10. She reported with the current medication regime she was able to fall asleep faster. The documentation provided did not include a comprehensive sleep evaluation and no evidence of failed non-pharmacological therapy. It was not clear how long the injured worker had been using Trazadone. The Utilization Review on 8-28-2015 determined non-certification for Trazodone 50mg #60.

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: 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.

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 Trazodone (Desyrel).

Decision rationale: The injured worker sustained a work related injury on 7-17-2003. The diagnoses included lumbar fusion and lumbar degenerative disc disease. Treatments have included use of Trazodone. The medical records provided for review do not indicate a medical necessity for Trazodone 50mg #60. The MTUS is silent on Trazodone, but the Official Disability Guidelines states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. This guidelines do not recommend it as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. The medical records indicate the injured worker has chronic pain that makes it difficult to sleep. There is no indication the injured worker has coexisting psychiatric disorders. Therefore, the request is not medically necessary.