

Case Number:	CM15-0183250		
Date Assigned:	09/24/2015	Date of Injury:	01/18/2012
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

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:

This 57 year old man sustained an industrial injury on 1-18-2012. Evaluations include an undated left shoulder MRA showing grade III wear along the glenoid inferiorly with no evidence of a rotator cuff tear. Diagnoses include left shoulder impingement syndrome status post surgical intervention, sleep disorder, and weight gain due to pain. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 8-17-2015 show complaints of left shoulder pain. The worker has been taking Motrin and Trazadone, which have been quite helpful. Recommendations include return to work after MD appointment next week, Motrin, Trazadone, AciPhex, and follow up in one month. Utilization Review modified are quest for Trazadone citing there had not been evidence suggesting persisting difficulty with the shoulder and no mention of using a first-line medication. A reduced amount is certified to allow for transition to a first-line medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address the use of trazodone. The ODG reports that trazodone is a sedating antidepressant and one of the most commonly prescribed agents for insomnia. Negative next day effects such as ease of awakening may offset improvements in sleep onset with use of trazodone. Tolerance to trazodone may develop and rebound insomnia has been found after discontinuation. In this case, the available documentation states that the injured worker is taking this medication to assist with sleep disturbances related to shoulder pain. Trazodone is not considered a first-line agent. The medical records do not address the timeline of the insomnia or evaluation for other possible causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. There is a lack of information regarding the efficacy of this drug in the injured worker. The request for Trazodone 50 MG #60 is determined to not be medically necessary.

Aciphex 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Aciphex when using NSAIDs. The request for Aciphex 20 MG #30 is determined to not be medically necessary.