

Case Number:	CM15-0196114		
Date Assigned:	10/09/2015	Date of Injury:	05/28/2014
Decision Date:	11/19/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 58-year-old female, with a reported date of injury of 05-28-2014. The diagnoses include depression with anxiety, and post-traumatic stress disorder. Treatments and evaluation to date have included Aleve, Trazodone (since at least 09-2014), Xanax, and Paxil. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-25-2015 indicates that the injured worker continued to have anxiety and depression, although it is better since she had been off work. The injured worker felt overall 50% better, although she still had periods of anxiety and shakiness. The injured worker denied any suicidal ideation. The physical findings include a blood pressure reading of 120 over 80 and pulse of 75. The documentation did not include mental and emotional findings. On 07-31-2015, it was noted that the injured worker still got shaky with stress; and was sleeping better. It was also noted that if she got too overwhelmed, she would cry. The treatment plan included the continuation of current medications. The injured worker's work status was not indicated. It was noted that when the injured worker dealt with paperwork regarding her job, she would get very anxious, and still had crying episodes. The injured worker was to be off work until 12-01-2015. The treating physician requested Trazodone HCL 100mg #90. On 10-05-2015, Utilization Review (UR) non-certified the request for Trazodone HCL 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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, Trazodone.

Decision rationale: Regarding Trazodone, the ODG states: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." The available medical record does not provide a specific indication for the use of trazodone, there is no diagnosis of insomnia in the IW's problem list and there is no record of any first line treatment for insomnia being utilized prior to the trazodone prescription. As such the request for trazodone 100mg, #90 is not medically necessary.