

Case Number:	CM15-0207242		
Date Assigned:	10/26/2015	Date of Injury:	09/23/1999
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 72 year old male who sustained an industrial injury on 9-23-99. The medical records indicate that he injured worker was being treated for chronic pain syndrome; fasciitis, unspecified. He currently (8-28-15) complains of pain on the right side of his shoulder with a pain level of 8 out of 10. The physical exam was unremarkable per documentation. Treatments to date included physical therapy; transcutaneous electrical nerve stimulator unit; medications: trazodone (since at least 2-17-15) takes at night, Neurontin, Fentanyl patch, prior Morphine. The 8-28-15 progress note indicates "various medication trials for greater than 6 months without benefit, attempts at weaning to remain problematic". The request for authorization dated 8-28-15 was for trazodone 100mg #90. On 10-16-15 Utilization review non-certified the request for trazodone 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #90: 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) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 100 mg #90 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic pain syndrome; and fasciitis unspecified. The date of injury is September 23, 1999. Request for authorization is August 28, 2015. According to a progress note dated February 17, 2015, the treating provider prescribed trazodone. The trazodone start date is not specified. According to an August 28, 2015 progress note, subjective complaints include pain in the right shoulder 8/10. There are no subjective complaints of insomnia or sleep difficulties in the medical record. There are no psychological complaints including anxiety and depression in the medical record. Objectively, physical examination is unchanged. Urine drug screen was negative. There is a history of two prior inconsistent urine drug toxicology screen. The UDS details are not available. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of insomnia and no documentation of coexisting mild psychiatric symptoms (i.e. depression or anxiety), Trazodone 100 mg #90 is not medically necessary.