

Case Number:	CM15-0217161		
Date Assigned:	11/06/2015	Date of Injury:	04/04/2001
Decision Date:	12/18/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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, Oregon,
Washington Certification(s)/Specialty: Orthopedic
Surgery

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 is a 62-year-old male with a date of industrial injury 4-4-2001. The medical records indicated the injured worker (IW) was treated for failed back surgery syndrome and chronic low back pain. In the progress notes (8-25-15), the IW reported insomnia affecting activities of daily living without Trazodone. On examination (8-25-15 notes), a musculoskeletal exam was performed. Treatments included medications (Trazodone since at least 8-2015). There was no documentation of sleep hygiene instruction or assessment of hours of sleep, difficulty falling asleep or maintaining sleep. A Request for Authorization was received for Trazadone 50mg #90. The Utilization Review on 10-30-15 non-certified the request for Trazadone 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg Tab 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.

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 chapter / Trazadone.

Decision rationale: The CA MTUS/ ACOEM guidelines are silent regarding trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazadone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. There is no evidence in the records from 8/25/15 of insomnia to warrant Trazadone. There was no documentation of sleep hygiene instruction or assessment of hours of sleep, difficulty falling asleep or maintaining sleep. Therefore the prescription is not medically necessary and the determination is for non-certification.