

<b>Case Number:</b>	CM15-0040503		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 9/8/2014. She has reported an elevator malfunction subsequently resulting in neck pain and right shoulder tightness associated with headaches and mental distress. The diagnoses have included neck muscle strain, right trapezius strain and lumbar muscle strain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW had multiple complaints including neck pain with radiation to the shoulder, bilateral shoulder pain with associated weakness, bilateral knee pain and back pain. The physical examination from 2/16/15 documented a positive impingement sign on the right shoulder, positive Speed's test on the right with no tenderness noted. The back and lower extremities revealed positive crepitus, tenderness, and tenderness with facet loading. The plan of care included continuation of medication and obtaining radiographic imaging of cervical spine, lumbar spine, and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone HCL 50 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. There is no documentation in this case of any evaluation of causes of insomnia or of any non pharmacologic treatments previously attempted. Trazodone 50 mg #60 is not medically indicated.