

Case Number:	CM15-0045927		
Date Assigned:	03/18/2015	Date of Injury:	07/24/2008
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54 year old woman sustained an industrial injury on 7/24/2008. The mechanism of injury is not detailed. Diagnoses include lumbar disc disorder and lumbar radiculopathy. Treatment has included oral medications and pain coping skills group. Physician notes dated 2/16/2015 show an increase in low back pain since the last visit with a subsequent decrease in activity level and her current rating as 7/10 with medications and 10/10 without medications. Recommendations include left L5-S1 facet epidural steroid injection, x-ray series of the bilateral hips, continue all medications at current dosages, re-request surgical evaluation, continue coping skills class, and follow up in four weeks. There is notation that samples of Vimovo were provided to the worker as Naproxen has not been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, one tablet at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Mental Illness and Stress, Trazodone.

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 above cited guidelines say: 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 employee has a history of depression and insomnia which are being treated with counseling and Trazodone. She reports that her sleeping is much improved after taking Trazodone. She meets the criteria above for having insomnia with mild psychiatric symptoms. Therefore, the request for Trazodone 50mg one table at bedtime #30 is medically necessary.