

Case Number:	CM15-0051928		
Date Assigned:	03/25/2015	Date of Injury:	10/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 56 year old female, who sustained an industrial injury on October 3, 2011. The injured worker had reported neck, right shoulder and knee pain. The diagnoses have included degenerative joint disease of the shoulders, chronic neck pain, bilateral carpal tunnel syndrome, chronic neck pain, compensatory left shoulder pain and chronic knee pain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy and right shoulder surgery. Current documentation dated January 21, 2015 notes that the injured worker reported pain in the neck, upper extremities and right knee. Physical examination of the knees revealed tenderness across the joint line on the right and a positive McMurray's sign on the right. A Lachman's test was positive on the left. Examination of the cervical spine revealed tenderness to palpation and numbness and tingling of the first three fingers on the hands bilaterally. The treating physician's plan of care included a retrospective request for the medication Trazadone dispensed on January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trazodone 50mg dispensed 1/21/15 qty 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute, Drug Formulary, Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16,17.

Decision rationale: CA MTUS states that Trazadone is indicated for the treatment of sleep disorders including insomnia and depression. The medication has anxiolytic and sleep-inducing effects. There was no documentation the claimant had a diagnosis of insomnia or depression. There was no specific indication for the use of Trazadone. There was no documentation of any functional improvement from regular use of this medication. Medical necessity for the requested item was not established. The requested item was not medically necessary.