

Case Number:	CM15-0053071		
Date Assigned:	03/26/2015	Date of Injury:	05/09/2009
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained a work related injury on May 9, 2009, incurring neck, low back, left knee and right shoulder injuries after slipping and falling. She was diagnosed with chronic pain syndrome, impingement syndrome of the right shoulder, internal derangement to the left knee and lumbar degenerative disc disease and lumbar stenosis. She underwent multiple surgical interventions. Treatment included physical therapy, bracing, Transcutaneous Electrical Nerve Stimulation (TENS), anti-inflammatory drugs, pain medications and neuropathy medications. Currently, the injured worker complained of shoulder pain, neck and back pain. The treatment plan that was requested for authorization included a prescription for Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 56 - 57, 75 - 94, 98 - 99 and 111 - 113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for trazodone, California MTUS guidelines do not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested trazodone is not medically necessary.