

Case Number:	CM15-0053275		
Date Assigned:	03/26/2015	Date of Injury:	05/26/2003
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 78-year-old female, with a reported date of injury of 05/26/2003. The diagnoses include major depressive disorder, anxiety disorder, lumbar strain with L3 compression fracture, cervical strain, and mid-thoracic strain. Treatments to date have included a transcutaneous electrical nerve stimulation (TENS) unit, home exercises, psychological treatment, muscle stimulator, oral medications, and topical pain medications. The progress report dated 02/10/2015 indicates that the injured worker complained of low back pain with radiation to both lower extremities, left lower ribcage pain, coccygeal pain, neck pain, headaches, and secondary depression due to chronic pain. The physical examination showed that the injured worker's mood and affect were mildly depressed. An examination of the lumbar spine showed moderate tenderness and spasm of the bilateral paralumbar muscles. An examination of the cervical spine showed slight spasm of the bilateral paracervical muscles. An examination of the thoracic spine showed slight spasm of interscapular parathoracic muscles. The treating physician requested Trazodone 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm> and Other Medical Treatment Guidelines Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia". " Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no documentation of failure of first line treatments for insomnia and depression. There is no documentation that the patient tried first line non pharmacological treatment of her insomnia. The patient has been using this medication since at least October 2012 without assessment of its efficacy. Therefore, Trazadone 100mg #30 is not medically necessary.