

<b>Case Number:</b>	CM15-0056583		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: 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(n) 45 year old female, who sustained an industrial injury on 10/25/12. She reported pain in the right lower extremity and foot. The injured worker was diagnosed as having closed fracture of calcaneus and reflex sympathetic dystrophy of the lower extremity. Treatment to date has included a right ankle MRI, physical therapy, nerve blocks x 5 and pain medications. On 1/2/15, the injured worker reported her pain a 9/10. As of the PR2 dated 2/13/15, the injured worker reported continued pain in the right lower extremity and foot. She indicated that the pain in her heel has increased since the last visit and this is causing her more stress and anxiety. The treating physician requested to continue Trazadone 50mg and Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg tab, 1 tab at bedtime #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

**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 & Stress - Trazodone (Desyrel). ODG Pain (Chronic) Insomnia treatment.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that there is limited evidence to support the use of Trazodone for insomnia. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. The request for Trazodone 50 mg #30 with 2 refills is not supported by ODG guidelines. Therefore, the request for Trazodone is not medically necessary.

**Omeprazole 20mg cap, 1 cap OD #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the long-term prescription of Ibuprofen 800 mg, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.