

Case Number:	CM15-0058066		
Date Assigned:	04/02/2015	Date of Injury:	10/16/2010
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old male, who sustained an industrial injury on 10/16/2010. Diagnoses include headache, hypertensive disorder, nausea, carpal tunnel syndrome, anxiety disorder, gastric reflux, depressive disorder and insomnia. Treatment to date has not been provided. Per the Primary Treating Physician's Progress Report dated 2/26/2015, the injured worker reported for follow up of insomnia, headache, nausea, anxiety disorder, carpal tunnel syndrome, depressive disorder, helicobacter pylori, hypertensive disorder and gastric reflux. He reported flare-ups of his neck and back pain due to inability to obtain his medications on time. Physical examination revealed a well-developed well-nourished male in moderate distress secondary to neck pain and general malaise. He has hypertonic muscles on palpation of the lumbar paraspinal region left side greater than right. There are multiple trigger points in the trapezius and lumbar paraspinal region. The plan of care included medications and authorization was requested for Trazodone 100mg #30 and Prozac 20mg #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, Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X 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." There is insufficient documentation to show first line therapies have been tried and failed. Therefore, the request is not medically necessary.