

Case Number:	CM15-0082196		
Date Assigned:	05/04/2015	Date of Injury:	03/19/2013
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 45-year-old female, who sustained an industrial injury on 3/19/2013. The injured worker was diagnosed as having left wrist pain, left carpal tunnel syndrome and extremity pain. Treatment to date has included occupational therapy and medications management. In a progress note dated 3/23/2015, the injured worker complains of right upper extremity pain and right thumb pain and popping. The IW complained of poor sleep quality. The medications listed are Celebrex, Neurontin, Voltaren gel, Lidoderm and trazodone. The treating physician is requesting Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16, 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for short-term treatment of sleep disorder that did not respond to conservative sleep hygiene measures. It is recommended that sleep disorder be evaluated comprehensively for identification of treatable or correctible causes. The chronic utilization of sleep medications can be associated with the development of tolerance, dependence, daytime somnolence. In addition and adverse interaction with other sedative agents. The records did not show that the patient was not initially managed with non-medication sleep hygiene measures. The utilization of Trazodone had exceeded the guidelines recommended maximum period of 4 weeks. The request is not medically necessary.