

Case Number:	CM15-0083496		
Date Assigned:	05/05/2015	Date of Injury:	10/15/1990
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/30/2015

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 58 year old, female who sustained a work related injury on 10/15/90. The diagnoses have included major depressive disorder and failed back syndrome. The treatments have included medications. In the PR-2 dated 3/11/15, the injured worker complains of continuing pain in right leg. "I am having pain in my tailbone." The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Trazadone (Desyrel) 100mg #30 with 4 refills (150 tablets): 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: 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. The primary treating physician's progress report dated 4/10/15 documented the medications Oxycodone and Nexium. No rationale for Trazodone was documented. The primary treating physician's progress report dated 4/23/15 documented the medications Diazepam and Oxycodone. No rationale for Trazodone was documented. The ODG guidelines and medical records do not establish the medical necessity of the Trazodone (Desyrel) request. Therefore, the request for Trazodone (Desyrel) 100 mg #30 with 4 refills (150 tablets) is not medically necessary.