

Case Number:	CM15-0083847		
Date Assigned:	05/06/2015	Date of Injury:	04/01/2011
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 4/1/2011. She reported injury from cumulative trauma. The injured worker was diagnosed as status post bilateral shoulder surgery and carpal tunnel surgery, depression, right trigger thumb release and right cubital syndrome. There is no record of a recent diagnostic study. Treatment to date has included multiple surgeries, physical therapy and medication management. In a progress note dated 4/2/2015, the injured worker complains of neck and bilateral upper extremities pain and the desire to wean off Norco. Current medications include Norco, Trazodone, Tramadol and Lexapro. Current pain rating was not provided. The treating physician is requesting Trazodone 50 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazedone: Antidepressants for Chronic Pain Page(s): 29.

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, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006; 29 (11): 1415-1419.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain. When seen, trazodone was being prescribed on a long term basis. She remained unable to sleep through the night. She has ongoing anxiety and depression. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, she has depression and there is the possibility that the claimant has secondary insomnia due to this. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.