

Case Number:	CM15-0087220		
Date Assigned:	05/11/2015	Date of Injury:	10/13/2014
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 47 year old male, who sustained an industrial injury, October 13, 2014. The injury was sustained when the injured worker was hit in the head with a rolling door of a truck as the injured worker was pulling the door down. The injured worker previously received the following treatments Ondansetron, Cyclobenzaprine, Motrin, Norco, 6 session physical therapy and cervical spine CT scan showed multilevel degenerative changes at C4-C5, C5-C6 and C6-C7. The injured worker was diagnosed with cervical spine strain/sprain, cervical facet syndrome and cervical pain. According to progress note of March the injured workers chief complaint was neck pain with radiation of pain into the right arm. The injured worker had other complaints of headaches and tinnitus. The injured worker reports the headache pain 7 out of 10. The pain was described as throbbing and pulsating. The injured worker had associated symptoms of continued memory loss, difficulty concentrating and focusing. The neck pain was 8 out of 10 describing the pain as sharp, stabbing, intense, localized pain in the neck. The physical exam noted cranial nerves were intact. The strength was 5 out of 5 in all major muscle groups. The sensation was intact to light touch and pinprick. The reflexes were equal and symmetric bilaterally in the upper and lower extremities. There was facet tenderness with palpation. The pain was localized to the cervical neck. The treatment plan included a prescription for Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #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 (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.