

Case Number:	CM15-0231792		
Date Assigned:	12/07/2015	Date of Injury:	10/06/2011
Decision Date:	01/14/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/25/2015

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: 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:

This 47-year-old man sustained an industrial injury on 10-6-2011. Diagnoses include discogenic lumbar condition, weight loss, and sleep issues due to chronic pain. Treatment has included oral medications including Effexor, Gabapentin, and Trazadone since at least 9-9-2015. Physician notes dated 10-29-2015 show complaints of low back pain with radiation down the bilateral lower extremities with numbness and tingling. The physical examination shows tenderness to the lumbar paraspinal muscles, facets, and with facet loading. Recommendations include Effexor, Trazadone, Gabapentin, Tramadol, Flexeril, Naproxen, AcipHex, and follow up in four weeks. Utilization Review denied a request for Trazadone on 11-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: 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), Mental Illness & Stress: Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with insomnia and coexisting depression. The benefits for sleep and depression in this particular injured worker are not addressed in the available documentation. The request is not medically necessary.