

Case Number:	CM15-0234904		
Date Assigned:	12/10/2015	Date of Injury:	11/19/2008
Decision Date:	01/21/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 71 year old male, who sustained an industrial injury on 11-19-2008. He has reported injury to the head, neck, and abdomen. The diagnoses have included cervical disc disorder; cervical spondylosis without myelopathy; gastroesophageal reflux disease; urinary incontinence; tinnitus; major depressive disorder; anxiety disorder; insomnia, unspecified; and chronic post-traumatic stress disorder. Treatment to date has included medications, diagnostics, injections, physical therapy, cervical radiofrequency lesioning, psychotherapy, and surgical intervention. Medications have included Baclofen, Lyrica, Ditropan XL, Sucralfate, Norco, Klonopin, Nexium, and Omeprazole. A progress report from the treating physician, dated 10-29-2015, documented a follow-up visit with the injured worker. The injured worker reported that he was seen by the gastroenterologist, and was placed on Omeprazole; he was seen at the pain clinic, where Gabapentin was recommended; he was seen by other providers for his scrotal pain and urinary retention; he stopped the Nexium; and he is continuing other medications. Objective findings included he is in no distress. The treatment plan has included the request for 1 prescription of Trazodone 150mg #60. The original utilization review, dated 11-17-2015, non-certified the request for 1 prescription of Trazodone 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Trazodone 150mg #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; Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Trazodone: Drug information. Topic 10013, version 155.0. UpToDate, accessed 01/17/2016. Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4 (5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).

Decision rationale: Trazodone is an anti-depressant in the serotonin reuptake inhibitor class of medication. Trazodone is FDA-approved for the treatment of major depression. The primary benefit of this medication on pain management is likely through improved mood. While there is some literature to support the use of trazodone for sleep problems, some research suggests this medication may actually worsen sleep issues. Trazodone is not FDA-approved for this use, and the Guidelines are silent on its use in this setting. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. The submitted and reviewed documentation indicated the worker was experiencing scrotal pain, problems with controlling the bladder, abdominal pain, problems swallowing, a cough, and vertigo. There was no detailed assessment of the worker's sleep problem. There was no discussion suggesting prior behavioral changes had been attempted or encouraged to improve the worker's sleep. There was no discussion suggesting a goal of improved mood with the addition of trazodone to the worker's medication regimen or improved function with this use of this medication. In the absence of such evidence, the current request for sixty tablets of trazodone 150mg is not medically necessary.