

Case Number:	CM14-0119685		
Date Assigned:	08/06/2014	Date of Injury:	10/28/2010
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old female with a work injury dated. The diagnoses include under consideration is a request for Trazadone. There is a primary treating physician report dated 2/16/13 document that states that the patient is prescribed Trazadone 300mg at bedtime for sleep and Minipress 1 mg at bedtime for PTSD along with continuing Xanax and Celexa for anxiety. A primary treating physician document dated 6/25/14 states that the patient come for a depression/anxiety follow up and is doing well except the day before when she was alone. She is tolerating her meds well. On exam her heart and lung exam was normal. She was well developed and well nourished. The plan includes return to modified duty. A 2/6/13 document notes that she notes a significant improvement in her sleep, achieving 6-8 hours a night continuously "because the Trazadone really helps."

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 150MG #60 (1 REFILL): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apothecon, Inc (2004).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Trazadone.

Decision rationale: Trazodone 150mg #60 is medically necessary. The ACOEM states that antidepressants may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has been on Trazodone for insomnia and the patient also suffers from depression and anxiety. The request for Trazodone 150mg #60 is medically necessary.