

Case Number:	CM14-0120244		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2009
Decision Date:	10/07/2014	UR Denial Date:	07/21/2014
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 Occupational Medicine and is licensed to practice in California. 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:

This is a 55-year-old male with a 10/1/09 date of injury. The mechanism of injury was not noted. According to a report dated 7/17/14, the patient had a flare-up after working in his garden causing his low back to hurt more. He rated his neck pain an 8/10 and his low back pain a 9/10. His neck pain radiated to his bilateral shoulders, scapula, and upper back. His back pain radiated to his side and buttocks. The patient is noted to have moderate signs of depression. The provider is requesting an orthopedic surgery consult for torn right hip labrum. Objective findings: pain to palpation in the cervical and lumbar spine, noticeable tremors, DTR 2+. Diagnostic impression: cervical strain, lumbar facet fracture. Treatment to date: medication management, activity modification, physical therapy, home exercise program. A UR decision dated 7/21/14 denied the requests for orthopedic surgery consult and trazodone. Regarding orthopedic surgery consult, there is insufficient subjective or objective documentation on the most recent physical exam indicative of symptomatic right hip pathology to warrant authorization for this consultation. Regarding trazodone, ODG notes that other pharmacologic therapies should be recommended for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgery consult for low back and hip lab-rum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is noted in the 7/17/14 progress report that the provider is requesting an orthopedic surgery consult for torn right hip labrum. However, there are no subjective or objective findings suggestive of issues regarding the patient's hip. It is unclear why the provider is requesting this consultation. Therefore, the request for Orthopedic surgery consult for low back and hip labrum is not medically necessary.

Trazodone 100mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress Chapter - Trazodone

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no documentation that the patient has tried other medications for insomnia that are supported by guidelines. In addition, there is no documentation that the provider has addressed non-pharmacologic treatment options for insomnia with the patient, such as proper sleep hygiene. Therefore, the request for Trazodone 100mg #50 is not medically necessary.