

Case Number:	CM14-0131725		
Date Assigned:	08/20/2014	Date of Injury:	01/14/2011
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 68-year-old female who sustained an industrial injury on 01/14/11. The mechanism of injury was not provided for review. Her diagnoses include bilateral knee pain s/p right total knee replacement and s/p left knee arthroscopic surgery, and reflux esophagitis secondary to nonsteroidal anti-inflammatory medication use. She complains of pain in both knees. On physical exam she has a left-sided antalgic gait and the left knee has decreased range of motion with tenderness and crepitus on movement. The right knee has tenderness to palpation but no instability. Treatment in addition to surgery has included medical therapy, Orthovisc injections, left knee unloader brace, and physical therapy. The treating provider has requested Trazodone 50mg, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: There is no documentation provided indicating the patient has sleep issues related to the work injury. Trazadone is indicated for the treatment of sleep disorders including insomnia and depression. The medication has anxiolytic and sleep-inducing effects. There is no clear history of insomnia or a good history demonstrating an adequate trial of sleep hygiene. The medical necessity of the use of this medication has not been demonstrated. The medication is not medically necessary.