

Case Number:	CM14-0140670		
Date Assigned:	09/10/2014	Date of Injury:	03/18/2014
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal 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:

The injured worker is a 58 year old male with reported date of industrial injury of 03/18/2014. He had back pain that radiated into his lower extremities, mainly on the right, suggestive of L5 radiculopathy. He had an MRI done 1/23/2014 that demonstrated paracentral herniation with neural foramen narrowing. He had undergone physical therapy, home exercise, activity modification and work restrictions along with medications. Epidural steroid injections had also been performed. The patient had undergone chiropractic treatment as well. He was taking Ibuprofen as needed and Percodan. He underwent many MRI scans other than the one described and EMG was also requested by the spine surgeon who saw him in January 2014 but that report was unavailable. The request was for trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Trazodone is often used for insomnia but the treatment of insomnia involves making an accurate diagnosis based on a comprehensive history and physical examination. Comorbid psychiatric disorders, chronic pain, obstructive sleep apnea and similar problems can impair sleep. Medications can play a similarly disruptive role. Sleep hygiene should be the first step in managing insomnia. If medications are responsible, every effort should be made to decrease and / or eliminate the medication responsible. Comorbid psychiatric disorders and pain should be treated as best as possible and any obstructive sleep apnea managed. If despite these measures, insomnia continues, it can be termed primary insomnia or essential insomnia, for which a medication that either helps in initiating sleep or maintaining sleep may be appropriate depending on the predominant problem experienced by the patient. Since the clinical notes do not provide details regarding such an evaluation and management plan, the request for Trazodone is not medically necessary.