

Case Number:	CM14-0041504		
Date Assigned:	06/30/2014	Date of Injury:	06/18/1998
Decision Date:	08/15/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 64-year-old female with a 6/18/98 date of injury. The mechanism of injury was not noted. In a progress note dated 02/20/14, the patient noted a marked increase in right sided neck and shoulder/arm pain with daily headache and left leg radiculopathy. She has been trying to tolerate her medications, but cannot tolerate a higher dose due to side effects and is physically limited due to pain. Objective findings were moderate paralumbar and cervical myospasm noted, ambulating with cane and antalgic gait. Diagnostic impression was status post anterior cervical decompression and instrumented fusion, probable pseudarthrosis C5-6, status post L4-S1 instrumented fusion, probably solid. Treatment to date includes medication management and activity modification. A UR decision dated 4/1/14 denied the request for Trazodone. While the patient has coexisting depression, there is no indication for adding a second antidepressant to this patient's medication regimen prior to trying other sleep remedies first. Treatment to date: medication management, activity modification. A UR decision dated 4/1/14 denied the request for trazodone. While the patient has coexisting depression, there is no indication for adding a second antidepressant to this patient's medication regimen prior to trying other sleep remedies first.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lex-Comp 2008.

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.

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines 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. It is documented in the reports reviewed that the patient suffers from major depressive disorder and suffers from sleep difficulties. In a progress note dated 02/20/14, the physician is prescribing Trazodone to try to help her sleep. A trial of Trazodone for insomnia in a patient with coexisting depression is supported by guidelines. Therefore, the request for Trazodone 50mg #30 with 1 refill is medically necessary.