

Case Number:	CM14-0213733		
Date Assigned:	12/31/2014	Date of Injury:	06/30/1999
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 68-year-old man with a date of injury of August 23, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are carpal tunnel syndrome; cervical disc degeneration; cervical spinal stenosis; and lumbar/lumbosacral disc degeneration. Pursuant to the progress report dated October 29, 2014, the IW complains of ongoing pain to the bilateral periscapular region, limited range of motion, and mild weakness to grip wrist flexor or extensor bilaterally. Objectively, the IW was positive for joint stiffness and joint pain. The review of systems reports negative sleep disturbances. According to the Disability Index, the IW reports his sleep is greatly disturbed (3-5 hours sleepless). Current medications include Levoxyl 175mcg, Flecaidine, and Celebrex, all prescribed by other MD. There is no documentation in the medical record indicating the IW was taking Trazadone. There was no evidence of objective functional improvement associated with the ongoing use of Trazadone. The current request is for Trazadone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Trazodone 50 mg: Upheld

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

Workers' Compensation, Online Edition, Chapter: Pain (Chronic), Chapter: Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Trazodone

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #60 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone is a commonly prescribed agent for insomnia. There are side effects, however, that include nausea, dry mouth, constipation, drowsiness and headache. In this case, the injured worker's working diagnoses are lumbosacral disc degeneration; cervical spine stenosis; lumbosacral neuritis/radiculopathy; and joint pain left leg. The documentation in the medical record is in two progress notes from September 2014 and October 2014. Trazodone is not one of the listed medications. Per the disability index, the injured worker has disturbed sleep and only gets 3 to 5 hours per night. There was no clinical rationale regarding the need for Trazodone. There was no clinical indication documented as to the need for Trazodone. There was no documentation Trazodone was one of the listed medications. Consequently, absent clinical documentation to support ongoing Trazodone, absent a clinical rationale for Trazodone, Trazodone 50 mg #60 is not medically necessary.