

Case Number:	CM14-0087783		
Date Assigned:	07/23/2014	Date of Injury:	07/12/2003
Decision Date:	05/29/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 7/12/2003. He reported a slip and fall from a roof, sustaining a compression fracture. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar degenerative disc disease, and low back pain. Treatment to date has included diagnostics, spinal surgery, spinal cord stimulator implant, psychology, and medications. On 5/21/2014, the injured worker complained of low back pain with radiation down his left leg. His work status was permanent and stationary. A psychological evaluation (3/28/2014) noted consideration for a change in sleep aid, as Ambien was not helpful. A re-trial of Trazodone was recommended on 4/28/2014. The PR2 report, dated 5/21/2014, noted fair quality of sleep. Pain and activity was unchanged. Medications included Norco, Medrol, Cymbalta, and Trazodone. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #60: Upheld

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

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 & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in July 2003 and continues to be treated for chronic radiating low back pain. He was seen for psychological re-evaluation on 03/28/14. He was having difficulty sleeping and was able to sleep for 3-4 hours and then would wake up due to pain and numbness. Recommendations included trazodone for insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty maintaining sleep due to pain and numbness. He has secondary insomnia which should be treated. Prescribing trazodone for sleep is not medically necessary.