

Case Number:	CM14-0090040		
Date Assigned:	05/14/2015	Date of Injury:	11/10/2013
Decision Date:	06/18/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/14/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 37 year old male, who sustained an industrial injury on 11/10/13. He reported pain in the neck, shoulder, collarbone, right hand, right ribs, lumbar spine, buttocks, and lower extremities. The injured worker was diagnosed as having a right shoulder contusion, contusion of the chest, cervical degenerative disc disease, right hand contusion, lumbar degenerative disc disease, and myofascial pain/lumbar and cervical radiculopathy. Treatment to date has included a right shoulder Cortisone injection, back surgery on 5/30/14, and medications such as Norco, Naprosyn, and Tramadol. A physician's report dated 5/22/14 noted pain was rated as 9/10 and noted Trazadone 50mg would be discontinued to see if it improves dizziness. Currently, the injured worker complains of dizziness, sleep issues, and pain. The treating physician requested authorization for Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Trazodone and Pain (Chronic) -Zolpidem (Ambien) and Other Medical Treatment Guidelines <http://www.drugs.com/cdi/trazodone.html>.

Decision rationale: 1 prescription of Trazodone 50mg #30 is not medically necessary per the MTUS ACOEM Guidelines and the ODG and an online review of Trazodone. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. A review online reveals that Trazodone can have the side effect of dizziness. The American College of Occupational and Environmental Medicine (ACOEM), states that antidepressants may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has been on Trazodone but has complaints of dizziness. A review online of this medication reveals that this can be a side effect. There is also no clear evaluation of the etiology of the patient's insomnia. For all of these reasons the patient request for Trazodone is not medically necessary or appropriate.