

Case Number:	CM15-0010688		
Date Assigned:	01/28/2015	Date of Injury:	01/18/2012
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75 year old female who sustained a work related injury January 18, 2012. While walking in the employee parking lot, she slipped and fell on oil, landing on knees reaching out with upper extremities, mainly landing on the left side of her body. Past history included hypertension, depression and left total knee replacement July, 2014. According to a primary treating physician's progress report dated December 17, 2014, the injured worker presented as a follow-up with pain in the right knee and lumbar spine 5/10 but improved over time. She also finds improvement of the left knee and able to walk longer distances. She has completed 24 chiropractic visits. Physical examination reveals a well healed surgical scar left knee with tenderness to palpation, flexion 123 degrees and extension 0, mild crepitus; right knee flexion at 142 degrees and extension 0. The lumbosacral area reveals mild tenderness paraspinal and straight leg raise negative. Diagnoses are right knee sprain/strain, lumbosacral sprain/strain, left sacroiliac joint sprain, and sleep insomnia. Treatment plan included continue with walking and exercise, refill medications and follow-up in 4-5 weeks. The injured worker is retired. According to utilization review dated January 9, 2015, the request for Trazadone 50 mg QTY: 30 is non-certified, citing PDR (physician's desk reference) and ODG (Official Disability Guidelines) Non-Benzodiazepine sedative-hypnotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-17.

Decision rationale: According to the 12/17/2014 report, this patient presents with pain on the left side of the body as a result of slipped and fell. The current request is for Trazodone 50 mg QTY: 30. The request for authorization is on 12/17/2014. The patient's work status is "temporarily totally disabled until 6 weeks."The MTUS Guidelines on antidepressants pages 13 to 17 state, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. Review of the provided reports show the patient suffers from depression and insomnia. The treating physician mentions 'all improved' with the patient's insomnia and depression. This medication is first documented in 10/15/2014 report. In this case, the treating physician does provide appropriate documentation of medication efficacy. The current request IS medically necessary.