MAXIMUS Federal Services

Case Number:	CM15-0012277		
Date Assigned:	01/29/2015	Date of Injury:	10/31/2005
Decision Date:	05/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 40 year old female, who sustained an industrial injury on October 31, 2005. The injured worker has been treated for neck, head, wrist and facial complaints. The diagnoses have included a face and neck injury, cervical spine sprain/strain, wrist sprain, lumbar spine sprain/strain, headaches and psychological disorder. Treatment to date has included medications, radiological studies and a home exercise program. Current documentation dated December 17, 2104 notes that the injured worker reported low back pain rated a five out of ten on the visual analogue scale. She also noted stress, anxiety, depression, constipation and difficulty sleeping. Examination of the lumbar spine revealed tenderness to palpation with guarding. A straight leg raise test produced low back pain. Examination of the cervical spine showed tenderness with guarding. The referenced documentation is handwritten and difficult to decipher. The treating physician's plan of care included a request for the medication Trazadone 100 mg # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Trazodone.

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-Trazodone (Desyrel).

Decision rationale: Trazadone 100mg #30 is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazadone. The ODG states that Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The documentation is not clear on an evaluation of the patient's insomnia and what behavioral strategies have been attempted prior to pharmacological treatment for insomnia. Furthermore, the patient has been using Trazadone and there is no clear indication of functional improvement or efficacy from prior use of Trazadone. The request for continued Trazadone is not medically necessary.