

Case Number:	CM15-0018127		
Date Assigned:	02/06/2015	Date of Injury:	09/15/2013
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 26 year old female, who sustained an industrial injury on 9/15/2013. The current diagnoses are cervical and lumbosacral sprain with radicular symptoms, right knee sprain, moderate disc herniations L5-S1, right shoulder sprain, thoracic sprain, and small disc herniations C2-C3. Currently, the injured worker complains of ongoing neck and low back pain. However, she reports overall improvement due to chiropractic therapy. The neck pain occasionally radiates to the right shoulder. Additionally, she reports occasional numbness and tingling in the neck and upper extremities. Treatment to date has included medications and chiropractic therapy. The treating physician is requesting Trazodone 50mg #30 x 2 refills, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for Trazodone 50mg #30 x 2 refills. The Trazodone was modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). ""A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia"." Int J Psychiatr Nurs Res 10(1)

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. There is no documentation about improvement in symptoms with the previous use of this medication. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50mg #30 x2 refills is not medically necessary.