

Case Number:	CM15-0114869		
Date Assigned:	06/23/2015	Date of Injury:	12/12/2012
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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, Alabama, 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 53-year-old male who sustained an industrial injury on 12/12/12 resulting in injury to the left shoulder, neck and back. Treatment provided to date has included left shoulder rotator cuff repair (02/2013), physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include x-rays of the left shoulder (01/16/2015), and MRI of the left shoulder (05/27/2014). Comorbidities included diabetes. There were no other dates of injury noted. On 05/20/2015, physician progress report noted complaints of severe left shoulder pain with radiation to the left side of the neck and into the left arm. Additional complaints included swelling and popping in the left shoulder, and headaches. Current medications include Norco and Trazodone. A urine drug screening (dated 04/15/2015) was reported to show positive results for Tramadol and alcohol, and was negative for hydrocodone. These findings were no consistent with the injured worker's prescribed medications. The injured worker reported that a different physician had prescribed him tramadol. He was educated and instructed that additional pain medications would have to be prescribed through the treating physician's office, and warned that any additional inconsistent urine drug screening results will result in no further pain medication prescription from this office. The physical exam revealed restricted range of motion (ROM) in the left shoulder. The provider noted diagnoses of bilateral carpal tunnel syndrome, no recurrent tear of the supraspinatus tendon, and status post left shoulder arthroscopy with generous Mumford procedure. Plan of care includes a refill of Norco dated 05/25/2015, Trazodone, and follow-up. Previous progress reports indicate that the injured worker had been prescribed Trazodone for the initiation of sleep/sleep difficulties; however,

these progress notes document continued complaints of sleep difficulties. The injured worker's work status remained permanently partially disabled. The request for authorization and IMR (independent medical review) includes Trazodone 50mg Qty 30 with 2 refills that was modified (reduced by 10%) for weaning.

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 with 2 refills: 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 - 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) and Insomnia Treatment.

Decision rationale: The MTUS (Medical Treatment Utilization Schedule) is silent on the use of Trazodone; therefore, the ODG was consulted in this decision. The ODG recommends trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has been used to treat insomnia; however, there is less evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. There has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group. Negative next-day effects such as ease of awakening and headaches may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. After reviewing the medical documentation submitted for review, it was determined that there were reports of stress from not being able to work, lack of medical treatment and the financial hardship the injury has inflicted on his family; however, there was no diagnosis of depression and no psychological or psychiatric evaluations/treatments for the treatment of psychiatric/psychological symptoms. There were also continued reports of difficulty with sleep for several months despite the prescription for Trazodone. There was also a noted history of non-compliance with prescribed medications as found in urine drug screenings. Therefore, the request for Trazodone 50mg #30 with 2 refills is not medically necessary.