MAXIMUS Federal Services

Case Number:	CM15-0124518		
Date Assigned:	07/09/2015	Date of Injury:	10/13/2014
Decision Date:	09/15/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	06/29/2015

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 York
Certification(s)/Specialty: Emergency 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 47 year old, male who sustained a work related injury on 10/13/14. He walked into the back of a loading truck, and the door of the truck slid back down and hit him in the posterior head. The diagnoses have included cervical facet syndrome and cervical pain. Treatments have included physical therapy, medications, and use of heat therapy. In the Visit Note dated 3/19/15, the injured worker complains of neck pain with pain radiating down his right arm. He describes this pain as sharp, stabbing, intense, and localized. He rates this pain level an 8/10. He complains of continued headaches. He rates this pain level a 7/10. He describes the pain as throbbing and "pulsating" pain. He has limited range of motion in cervical spine. He has tenderness at the paracervical muscles. He is on modified work duty. The treatment plan includes trials of Tramadol and Trazodone and initiation of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedative Hypnotics.

Decision rationale: Per CA MTUS guidelines, Trazodone is a sedative hypnotic. It is not recommended for long-term use but is recommended for short-term use. It is discouraged in the chronic phase of injury and pain. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed in the amount of less than 18 pills/year." There is insufficient documentation that the injured worker is having difficulty with sleep. There is not documentation of sleep studies, behavior modifications to aide sleep or discussion of sleep. Because this medication was ordered for insomnia and sleep difficulties and there is no documentation of such issues, the requested treatment of Trazodone is not medically necessary.