

Case Number:	CM15-0126193		
Date Assigned:	07/10/2015	Date of Injury:	05/05/2005
Decision Date:	09/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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 York

Certification(s)/Specialty: Internal 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 60-year-old male, who sustained an industrial injury on May 5, 2005. The injured worker was diagnosed as having chronic right shoulder pain, chronic left knee pain, status post right rotator cuff repair with subacromial space decompression and distal claviclectomy, and insomnia secondary to chronic pain. Treatments and evaluations to date have included MRIs, right shoulder surgery in 2010, hip replacement on April 28, 2015, bracing, and medication. Currently, the injured worker complains of persistent left knee and right shoulder pain. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker reported his medications and left knee brace helped his pain. Physical examination was noted to show spasms in the right shoulder region musculature with tenderness in the right glenohumeral joint more so than the acromioclavicular joint. Tenderness was noted in the left knee joint line with left knee flexion limited to 100 degrees. The treatment plan was noted to include prescriptions for Trazadone and Celebrex. The injured worker was noted to currently be off work.

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), insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone (Desyrel), Mental Illness & Stress Chapter, Insomnia treatment.

Decision rationale: The MTUS is silent on the use of Trazadone. The Official Disability Guidelines (ODG) notes trazadone is recommended as an option for insomnia only for the injured worker with potentially coexisting mild psychiatric symptoms such as anxiety or depression. Trazadone has been approved for use in depression, with off-label uses of alcoholism, anxiety, insomnia, and panic disorder, with evidence for treatment of insomnia weak. "The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. 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." For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. The injured worker was noted to have a diagnosis of insomnia secondary to chronic pain without documentation of an evaluation of the injured worker's sleep disturbance or components of the insomnia. Documentation fails to show that the injured worker has coexisting psychiatric symptoms to establish the medical necessity for Trazodone. Based on the Official Disability Guidelines (ODG), the request for Trazodone 50mg #30 is not medically necessary.