

Case Number:	CM15-0129449		
Date Assigned:	07/16/2015	Date of Injury:	05/22/2003
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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 60 year old male who sustained an industrial injury on 05/22/2003. The accident was described as while working as a laborer carrying a long wooden plank weighing 100 pounds on his left shoulder; as he stepped over a small stone he slipped lost his balance and the wooden plank shifted into his neck causing him to bend to the right falling backwards striking his head on a wall. There was a temporary loss of consciousness. Paramedics responded and transferred the patient for evaluation and treatment. A primary treating office visit dated 06/09/2015 reported the patient with subjective complaint of having lumbar spine sprain with pain. He is participating in physical therapy session and is in need of medication refill. Objective assessment found the patient with surgical healed scar, decreased range of motion and neurologically intact. The following diagnoses were applied: cervical disc displacement; rotator cuff syndrome, and preoperative examination. The plan of care noted the patient continuing with home exercises, physical therapy session and current medications. He is to remain off from work duty through 07/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Trazodone 50mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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): 1146-1150.

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. In addition, there is no recent documentation of insomnia. There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50 MG with 3 refills is not medically necessary.