

Case Number:	CM15-0162695		
Date Assigned:	08/31/2015	Date of Injury:	11/09/2007
Decision Date:	11/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 62 year old man sustained an industrial injury on 11-9-2007. Diagnoses include left finger pain (improved), obstructive sleep apnea, ulnar nerve neuropathy, cervical spine radiculopathy, lumbar disc degeneration, and hypertension. Treatment has included oral medications and continuous positive airway pressure (CPAP) machine. Physician notes dated 2-24-2015 show no complaints. Recommendations include a new CPAP mask, Simvastatin, Hydrochlorothiazide, Zestril, Trazadone, Omeprazole, ophthalmology consultation, and follow up in three months. Utilization Review denied a request for Trazadone on 7-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 100mg #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), Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress/Mental, under Trazodone.

Decision rationale: The ODG notes, in the Stress/Mental section: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Trazodone has also been used for fibromyalgia. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008) However, evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. 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. In this case, the evidence support either for primary psychiatric disorder usage, or as an option for primary insomnia with coexisting psychiatric symptoms, is poor. The request is not medically necessary.