

Case Number:	CM15-0172547		
Date Assigned:	09/14/2015	Date of Injury:	07/24/2008
Decision Date:	10/21/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female who sustained an industrial injury on 07-24-08. A review of the medical records indicates the injured worker is undergoing treatment for lumbar disc disorder and lumbar radiculopathy. Medical records (07-22-15) reveal the injured worker rates her lower backache pain at 6/10 with medications and at 8/10 without medications. The physical exam (07-22-15) reveals trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles bilaterally. Treatment has included medications including cyclobenzaprine, Prilosec, trazodone, Celebrex, gabapentin, and hydrocodone as well as an epidural steroid injection. The original utilization review (07-30-15) non-certified the request for Trazodone.

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, Pain (Chronic), Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep on set may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." Per the medical records submitted for review, it was noted that the injured worker reported fair sleep and depression in 2/15 and 3/15. Poor sleep was noted in 5/15 and 7/15. With regard to medication history, the injured worker has been using trazodone since at least 2/2015. As it is not effective, continued use is not supported. The request is not medically necessary.