

Case Number:	CM15-0175021		
Date Assigned:	09/16/2015	Date of Injury:	05/26/2003
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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, West Virginia, Pennsylvania
 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 78-year-old female who sustained industrial injuries May 26, 2003. Diagnoses have included lumbar strain with L3 compression fracture with right greater than left lumbar radiculopathy, status post left lower rib fracture, coccygeal fracture with coccygodynia, right ankle strain, cervical strain, post traumatic headaches, mid-thoracic strain, anxiety disorder, and secondary depression due to chronic pain. Documented treatment related to this request includes psychiatric evaluation, therapy, and psychotropic medication including Trazodone and Xanax for anxiety and depression. The treating physician's plan of care includes continuing Trazodone 100 mg, and Xanax 0.5 mg. but this was denied August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 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, Mental Illness & Stress (2015): Insomnia treatment.

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

Decision rationale: Guidelines support use of Trazodone for the treatment of insomnia in patients with coexisting depression or anxiety. In this case, the patient has been on Trazodone for an extended period of time and previous reviews have recommended weaning of this medication. The request for Trazodone 100 mg #30 exceeds the amount needed for weaning purposes and is not medically appropriate or necessary.

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Guidelines do not recommend benzodiazepines for long term use over 4 weeks due to lack of evidence of efficacy. In this case, the patient has been taking Xanax since at least March 2012 and previous utilization reviews have recommended gradual weaning as there was no documented benefit to the previous use of this medicine. The request for xanax 0.5 mg #90 is not medically appropriate or necessary.