

Case Number:	CM15-0026510		
Date Assigned:	02/18/2015	Date of Injury:	08/27/1991
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62 year old male, who sustained an industrial injury on August 27, 1991. The diagnoses have included lumbago. A progress note dated December 29, 2014 provided the injured worker complains of low back pain radiating to legs. He reports increased pain related to radiation treatment for prostate cancer. Physical exam notes decreased range of motion (ROM), antalgic gait, and increased lumbar tenderness. On January 16, 2015 utilization review non-certified a request for Trazodone 50mg #60 and urine drug screen. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Trazodone 50mg #60 is medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazodone. The ODG states that 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. The documentation indicates that the patient had hallucinations from Ambien. The documentation from Dec. 2014 indicates that the patient's primary physician started him on Paxil and the patient gets some benefit for his mood from Cymbalta. It is appropriate in this patient with depressive symptoms to use Trazadone for sleep. Therefore, the request for Trazodone is medically necessary.

UA drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: UA drug screen is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a urine drug screen can be considered to assess for the use or the presence of illegal drugs. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation does not indicate high risk or aberrant behavior. A prior urine drug screen dated 6/18/14 was consistent. There is no reason at this point to repeat another UA drug screen, therefore this request is not medically necessary.