

Case Number:	CM15-0026558		
Date Assigned:	02/18/2015	Date of Injury:	06/01/2011
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
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: New Jersey, Michigan, 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 39 year old male who sustained an industrial injury on June 1, 2011. He has reported shoulder pain and low back pain and has been diagnosed with shoulder pain, left and low back pain. Treatment has included surgery, medications, and physical therapy. Currently the injured worker complains of lower back ache and left shoulder pain. The treatment plan included medications and a referral for a function restoration program. On January 23, 2015 Utilization Review non certified trazadone 100 mg # 60 refill 1 citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines- 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 Psychiatric Nurse 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. There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 100mg #60, with 1 refill is not medically necessary.