

Case Number:	CM15-0068888		
Date Assigned:	04/16/2015	Date of Injury:	08/30/2010
Decision Date:	05/28/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/10/2015

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
Certification(s)/Specialty: Internal 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 52-year-old female, with a reported date of injury of 08/30/2010. The diagnoses include depression, discogenic cervical condition with facet inflammation and radiculopathy, ulnar neuritis on the right, bilateral medial and lateral epicondylitis, left carpal tunnel, bilateral wrist joint inflammation with carpometacarpal joint inflammation, and discogenic lumbar condition with facet inflammation and radiculopathy. Treatments to date have included oral medication, cortisone injection along the trochanteric area on the left, an MRI of the lumbar spine, an MRI of the neck, and acupuncture. The medical report dated 03/16/2015 indicates that the injured worker had neck, back, and bilateral upper extremity issues. The objective findings include tenderness along the shoulder girdle musculature with spasm on the left and on the right, tenderness along the sacroiliac joint on the left, tenderness along the medial epicondylar surface more on the right than on the left, lumbar flexion at 30 degrees, lumbar extension at 20 degrees, and positive lumbar facet loading. The treating physician requested Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #60: 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 Official Disability Guidelines (ODG) Mental Illness & Stress - Trazodone (Desyrel). Official Disability Guidelines (ODG) Pain (Chronic) Insomnia treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) indicates that there is limited evidence to support the use of Trazodone for insomnia. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. The progress report dated 3/16/15 documented a history of neck, back, and upper extremity complaints. The patient describes depression and sleep disorder. Trazodone 50 mg #60 was requested. Official Disability Guidelines (ODG) indicates that there is limited evidence to support the use of Trazodone for insomnia. ODG guidelines do not support the request for Trazodone 50 mg #60. Therefore, the request for Trazodone 50 mg #60 is not medically necessary.