

Case Number:	CM15-0069087		
Date Assigned:	04/16/2015	Date of Injury:	01/27/2011
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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: Family Practice

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 30-year-old male, who sustained an industrial injury on January 27, 2011. He reported left hip and knee pain, depression, sleep disruptions and poor concentration. The injured worker was diagnosed as having post-traumatic stress disorder (PTSD). Treatment to date has included diagnostic studies, psychotherapy, medications and work restrictions. Currently, the injured worker complains of left knee and hip pain and continued depression, anxiety, sleep disruptions and poor concentration. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the symptoms. He reported turning over a forklift at work while trying to use it to empty a bin. He was noted to have been treated with medications and psychotherapy with some improvement. Evaluation on March 4, 2015, revealed a continued need for sleep aides and anti-psychotropic medications. He reported being hopeful to start therapy again. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg, sixty count with three refills: Overturned

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

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

Decision rationale: According to the Official Disability Guideline's Mental Illness & Stress Chapter, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the injured worker is diagnosed with depression and also is reporting sleep disruptions. He is stable on the current medication regimen. The request for Trazodone 50 mg, sixty count with three refills is medically necessary and appropriate.

Zoloft 100 mg, thirty count with three refills: Overturned

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

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

Decision rationale: According to the Official Disability Guideline's Mental Illness & Stress Chapter, Sertraline (Zoloft) is recommended as a first-line treatment option for MDD and PTSD. In this case, the injured worker is diagnosed with depression and post traumatic stress disorder. Zoloft this considered a first line treatment and the injured worker is stable on the current medication regimen. Therefore, the request is medically necessary.