

Case Number:	CM15-0075382		
Date Assigned:	04/27/2015	Date of Injury:	03/17/1999
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63 year old female who sustained a work related injury March 17, 1999. Past history included breast cancer with mastectomy (not specified), s/p microlumbar decompression at right L3-4, L4-5 September, 2014. According to a most recent treating physician's follow up notes, dated January 9, 2015, the injured worker presented with low back pain, rated 7/10. Her right leg pain has improved since surgery and it no longer radiates down to her foot, only to her knee. She is having difficulty sleeping, secondary to pain, and must change her position frequently. Current medications include Norco, MS Contin, Trazodone, Clonazepam, and Celexa. The medication decreases her pain and allows her to increase walking to 20 minutes. Diagnoses is documented as lumbar stenosis; lumbar facet arthropathy; chronic pain; chronic high opiate use; lumbar radiculopathy. Treatment plan included request an extension to the previously ordered post-operative chiropractic treatment/physiotherapy, and continue with medications. At issue, is the request for Trazodone 50mg one, every night as needed for insomnia.

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: 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), Pain Chapter.

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 and Stress, Trazodone.

Decision rationale: Regarding Trazodone, the above cited guidelines say: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, 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 medical records fail to document the criteria above for having insomnia with mild psychiatric symptoms. Therefore, the request for Trazodone 50mg, sixty count is not medically necessary.