

Case Number:	CM15-0093719		
Date Assigned:	07/15/2015	Date of Injury:	05/10/1999
Decision Date:	08/18/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial injury on 5/10/1999. He reported a roof collapsed falling ten feet resulting in loss of consciousness, laceration of the scalp, fracture of the left shoulder and left knee and injury to the neck and low back. Diagnoses include degenerative lumbar disc disease, degenerative cervical disc disease, left shoulder impingement syndrome, left knee degenerative changes, status post lumbar fusion. Treatments to date include medication therapy, physical therapy, chiropractic therapy, psychotherapy and hypnotherapy. Currently, he decreased intensity in depressed mood, anhedonia, worthlessness, irritability and anger and rarely heard voices and seeing shadows. On 2/12/15, the physical examination documented less depressed mood and a slightly constricted affect. The plan of care included Percocet 10/325mg #120; and six sessions for medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review indicates that the injured worker indeed suffers from both depression and insomnia. Per progress report dated 3/26/15, it was noted that the injured worker reported fair sleep, up to 7 hours a night. He reported fair energy level, better concentration, and fair appetite. Since his previous exam he reported that the following symptoms had been of about the same intensity: depressed mood, anhedonia, isolativeness and decrease of libido, poor self-esteem and worthlessness, irritability and anger, hopelessness, anxiety with somatic, visceral sensory, autonomic symptoms, derealization and ideation. He hears voices very rarely and saw shadows very rarely as well. He denied suicidal ideation. He denied side effects from Trazodone. The medical records indicate that he has been using this medication since at least 12/2014. The documentation submitted for review supports the use of Trazodone, however, the medical necessity of 3 month supply cannot be affirmed as it does not allow for timely reassessment of symptoms. The request is not medically necessary.