MAXIMUS Federal Services

Case Number:	CM15-0094960		
Date Assigned:	05/21/2015	Date of Injury:	09/25/2012
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year old female sustained an industrial injury to the head on 9/25/12. A ventricular peritoneal (VP) shunt was placed. Previous treatment included magnetic resonance imaging, icing and medications. In an office visit dated 3/10/15, the injured worker complained of ongoing headaches and back pain. The injured worker reported that her eyes hurt all the time with diplopia. The injured worker stated that when she was lying down, standing up or walking she got vertigo, nausea and bad headaches. In a progress note dated 4/9/15, the injured worker complained of a lot of left ear pain with tinnitus in both ears. The injured worker reported that her headaches and back pain were the same but more manageable with analgesic. The injured worker had received Epley's maneuver and felt better for five days. Physical exam was remarkable for tenderness to palpation to the cervical spine, thoracic spine and lumbar spine with intact neurologic exam. Current diagnoses included chronic post-traumatic headache, backache and dizziness/vertigo. The treatment plan included starting Nortriptyline for headaches, keeping physically and mentally active and continuing medications (Citalopram, Cyclobenzaprine, Diclofenac, Flexeril, Lamotrigine, Lo Loestrin Fe, Meclizine, Oxycontin, Phentermine, Sumatriptan and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/06/15).

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

Decision rationale: The patient has chronic post-traumatic headache, persistent back pain, dizziness and vertigo. The current request is for Trazodone 50mg #30 with 1 refill. Trazodone is an antidepressant medication. According to the ODG guidelines, 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, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. In this case, the available medical records do not discuss the specific reason for requesting Trazodone. Diagnoses indicate headache, non-specific back pain, dizziness and vertigo. There is no discussion of insomnia or depression. The available medical records do not establish medical necessity for the Trazodone request. As such, recommendation is for denial.