

Case Number:	CM14-0148747		
Date Assigned:	09/18/2014	Date of Injury:	01/26/2012
Decision Date:	08/11/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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: Physical Medicine & Rehabilitation, 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 48 year old male with an industrial injury dated 01/26/2012. The injury is documented as occurring when he was installing a 300 pound battery into a position and was trying to keep it from falling resulting in injury to his shoulder, neck and low back. His diagnoses included neck pain, left shoulder pain and left carpal tunnel syndrome. Prior treatment included diagnostics, physical therapy, epidural steroid injections, medications, and surgery. He denies any prior work injuries. He presents on 07/16/2014 (most recent progress report available) with neck, upper back, low back and left shoulder pain. He rates the neck pain as 9/10 and low back pain as 8/10 to 9/10. He has low back pain with radiating symptoms into the bilateral lateral side of the extremity. He states the medications have been helpful and decrease his pain to 2/10. Objective findings are documented as no significant change. His medications included Norco, Flexeril, Naproxen, Trazodone, Effexor XR and Bio freeze gel. The progress note dated 06/05/2014 states the injured worker continues to do well on the current medication regimen with no adverse side effects or aberrant behaviors. The treatment plan is to continue with current medications, follow up for left shoulder, gradually increase exercise regimen and follow up in 1 month. Work status was no heavy lifting of the left shoulder. No repetitive overhead use of the left shoulder. No lifting over 10-15 pounds with no frequent bending or stooping. The treatment request is for retrospective Trazodone 50 mg, #60 DOS: 8/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trazodone 50mg, #60 DOS: 8/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. drugs.com. Epocrates Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for trazodone, California MTUS guidelines are silent regarding the use of trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia. With regard to indication how the patient has response to the medication in question, there is a progress note May 8, 2014 that indicates that trazodone along with Flexeril help with sleep. However, follow-up notes fail to clarify the frequency and efficacy of trazodone. Given this, the current request is not medically necessary.