

Case Number:	CM13-0003946		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2013
Decision Date:	02/19/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male who reported a work-related injury on 02/21/2013 as a result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses: lumbar facet syndrome, low back pain, and muscle spasms. The clinical notes document the patient's current medication regimen includes Dilaudid 2 mg 1 tablet 3 times a day, Zanaflex 6 mg at bedtime, amlodipine 10 mg 1 by mouth every day, Lisinopril 40 mg 1 by mouth every day, omeprazole 40 mg by mouth twice a day, ranitidine 150 mg 1 by mouth every day, triamterene hydrochlorothiazide 75-50 mg 1 by mouth every day, and Welchol 625 mg 1 by mouth every day. The clinical note dated 10/04/2013 reports the patient was seen for follow-up under the care of [REDACTED] for his pain complaints. The provider documents the patient reports quality of sleep is poor, but improved compared to previous visits. The patient reports addition of Dilaudid helps the patient's lumbar spine pain at night and he can now sleep up to 3 hours at a time. The provider documents upon physical exam of the patient that facet loading was positive bilaterally to the lumbar spine. Motor, sensory, and neurological exam was within normal limits. The provider administered prescriptions for Dilaudid 2 mg #90 for severe back pain and Ambien #20 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The current request is not supported. Official Disability Guidelines indicate, "Trazodone is one of the most commonly prescribed agents for insomnia." The clinical notes failed to document the patient continues to utilize trazodone for his sleep pattern complaints. The most recent documentation submitted for review dated from 11/2013 reports the patient had been utilizing Ambien; however, this was discontinued and Valium was initiated. The provider documents the patient reports better sleep due to utilization of Dilaudid. Given the lack of documentation reporting the patient's continued utilization of trazodone or the efficacy of this medication for any depression or sleep pattern complaints, the request for trazodone 50 mg is not medically necessary or appropriate.