

Case Number:	CM13-0029490		
Date Assigned:	02/03/2014	Date of Injury:	10/15/2009
Decision Date:	02/05/2014	UR Denial Date:	09/17/2013
Priority:	Expedited	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 40 year-old male sustained an injury on 10/15/09 while employed by [REDACTED]. Requests under consideration include URGENT Trazodone 50mg tablet #60 and URGENT Zanaflex 4mg tab #60. Report of 8/16/13 by [REDACTED] of [REDACTED] noted the patient with complaints of back pain radiating down both legs; symptoms of urinary tract involvement in conjunction with cauda equine syndrome or possible related to medications or a myriad of other factors. The patient expressed depression symptoms in conjunction with sleep disorder. Pain controlled with medications. Current medication list include Flomax, Colace, Zanaflex, Staxyn, Hydromorphone, Gabapentin, Trazadone, Banalg, Glyburide, Lovastatin, Metformin, Lorazepam, Tamsulosin, Rapaflo, Clobetasol ointment, and Miconazole Nitrate 2% cream. Exam noted BMI 32.09; gait antalgic and slow; loss of normal lordosis; surgical scar; ROM restricted with flexion of 40 degrees/extension of 0 degrees limited by pain; paravertebral spasm, tenderness; Faber test positive; SLR positive on right (no degree specified); Ankle jerk 0 bilaterally; tenderness over iliac spine; Sensory decreased over lateral thigh and 4th and 5th toe on right; decreased sensory over lateral/medial foot, medial/lateral calf. Diagnoses included lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; mood disorder; post-laminectomy syndrome. Treatment included referral to [REDACTED] for sleep disorder, sexual dysfunction, and urinary dysfunction; to [REDACTED] for psychiatric disorder; medications Trazadone for insomnia and Zanaflex for spasm. Medication requests were non-certified on 9/17/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Trazodone 50mg tablet #60: 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), Mental Illness and Stress, Trazodone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This 40 year-old male sustained an injury on 10/15/09 while employed by [REDACTED]. Requests under consideration include URGENT Trazodone 50mg tablet #60 and URGENT Zanaflex 4mg tab #60. Report of 8/16/13 by [REDACTED] of [REDACTED] noted the patient with complaints of back pain radiating down both legs; symptoms of urinary tract involvement in conjunction with cauda equine syndrome or possible related to medications or a myriad of other factors. The patient expressed depression symptoms in conjunction with sleep disorder. Pain controlled with medications. Current medication list include Flomax, Colace, Zanaflex, Staxyn, Hydromorphone, Gabapentin, Trazodone, Banalg, Glyburide, Lovastatin, Metformin, Lorazepam, Tamsulosin, Rapaflo, Clobetasol ointment, and Miconazole Nitrate 2% cream. Exam noted BMI 32.09; gait antalgic and slow; loss of normal lordosis; surgical scar; ROM restricted with flexion of 40 degrees/extension of 0 degrees limited by pain; paravertebral spasm, tenderness; Faber test positive; SLR positive on right (no degree specified); Ankle jerk 0 bilaterally; tenderness over iliac spine; Sensory decreased over lateral thigh and 4th and 5th toe on right; decreased sensory over lateral/medial foot, medial/lateral calf. Diagnoses included lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; mood disorder; post-laminectomy syndrome. Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not clearly described in submitted reports. There is no demonstrated functional improvement from treatment of Trazodone already rendered as the patient continues with multiple chronic symptoms for this 2009 injury. URGENT Trazodone 50mg tablet #60 is not medically necessary and appropriate.

URGENT Zanaflex 4mg tab #60: 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), Mental Illness and Stress, Trazodone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

Decision rationale: This 40 year-old male sustained an injury on 10/15/09 while employed by [REDACTED]. Requests under consideration include URGENT Trazodone

50mg tablet #60 and URGENT Zanaflex 4mg tab #60. Report of 8/16/13 by [REDACTED] of [REDACTED] [REDACTED] noted the patient with complaints of back pain radiating down both legs; symptoms of urinary tract involvement in conjunction with cauda equine syndrome or possible related to medications or a myriad of other factors. The patient expressed depression symptoms in conjunction with sleep disorder. Pain controlled with medications. Current medication list include Flomax, Colace, Zanaflex, Staxyn, Hydromorphone, Gabapentin, Trazadone, Banalg, Glyburide, Lovastatin, Metformin, Lorazepam, Tamsulosin, Rapaflo, Clobetasol ointment, and Miconazole Nitrate 2% cream. Exam noted BMI 32.09; gait antalgic and slow; loss of normal lordosis; surgical scar; ROM restricted with flexion of 40 degrees/extension of 0 degrees limited by pain; paravertebral spasm, tenderness; Faber test positive; SLR positive on right (no degree specified); Ankle jerk 0 bilaterally; tenderness over iliac spine; Sensory decreased over lateral thigh and 4th and 5th toe on right; decreased sensory over lateral/medial foot, medial/lateral calf. Diagnoses included lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; mood disorder; post-laminectomy syndrome. Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not clearly described in submitted reports. There is no demonstrated functional improvement from treatment of Trazodone already rendered as the patient continues with multiple chronic symptoms for this 2009 injury. URGENT Trazodone 50mg tablet #60 is not medically necessary and appropriate.