

Case Number:	CM13-0033333		
Date Assigned:	12/06/2013	Date of Injury:	02/08/2001
Decision Date:	02/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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:

The patient is a 50-year-old male who reported an injury on 2/8/01. The patient is diagnosed with lumbar spine degenerative disc disease and low back pain. The patient was seen by [REDACTED] on 12/5/13. Physical examination on that date revealed restricted lumbar range of motion, paravertebral muscle spasm with tenderness and tightness, positive straight leg raising on the right, and no acute distress. The patient also demonstrated tenderness over the fibulocalcaneal ligament and talofibular ligament on the left. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Trazodone 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that antidepressants are recommended for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or

contraindicated. The Official Disability Guidelines state that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression and anxiety. As per the documentation submitted, the patient has continuously utilized this medication as a combination with Ambien for insomnia treatment. However, there is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription product. The medical necessity for two separate medications for insomnia treatment has not been established. Additionally, the need for an atypical antidepressant is not substantiated, as the patient does not appear to have symptoms of depression. Based on the clinical information received, the request is non-certified.