

Case Number:	CM13-0033923		
Date Assigned:	12/06/2013	Date of Injury:	08/18/2011
Decision Date:	02/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology and Pain Management 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 32-year-old male who reported an injury on 08/18/2011. The mechanism of injury was not provided. The patient was noted to have frequent low back pain without radiating pain. The patient indicated the pain at the worst was 7/10 to 8/10. The patient was noted to be involved in an automobile accident 13 years prior to the injury. The clinical documentation submitted for review indicated the pain that interfered with his sleep. The patient's diagnosis was not provided. The request was made for trazodone 50 mg by mouth at night and for a Thermocool hot/cold contrast therapy with compression.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment, Trazodone.

Decision rationale: California MTUS Guidelines do not recommend selective serotonin reuptake inhibitors for chronic pain, but indicate they may have a role in treating secondary

decompression. The clinical documentation submitted for review indicated the physician was prescribing the medication for sleep. As such, a secondary guideline was sought. Official Disability Guidelines recommend selective serotonin reuptake inhibitors for the treatment of insomnia; however, they indicate that SSRIs are controversial based on controlled trials. The clinical documentation indicated that the pain that interfered with the daily activities. However, the clinical documentation submitted for review failed to indicate the quantity of trazodone being requested. Given the above, the request for trazodone 50 mg is not medically necessary.

Thermocool hot/cold contrast therapy with compressions time 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: Official Disability Guidelines recommend the application of at-home cold packs for the first few days in acute complaint and thereafter applications of hot or cold packs depending on patient preference. The clinical documentation submitted for review failed to provide the rationale for the requested service. Additionally, it failed to provide the body part that was being requested treatment for. Given the above, the request for Thermocool hot/cold contrast therapy with compression times 60 days is not medically necessary.