

Case Number:	CM13-0044493		
Date Assigned:	12/27/2013	Date of Injury:	07/19/1999
Decision Date:	03/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 pain medicine and is licensed to practice in Ohio and 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 50-year-old male who reported injury on 07/19/1999. The mechanism of injury was not provided. The patient was noted to have lumbar pain that was partially relieved with medication and a home exercise program. The pain was noted to be always the same and constant. The patient was noted to have tenderness to palpation at L2-3 and severe left lumbar tenderness and spasms. The patient's diagnoses were noted to be lumbar degenerative disc disease, lumbar radiculopathy, failed back surgery syndrome, sprain/strain lumbar region and sprain/strain lumbosacral. The request was made for medication refills. ¶¶

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s).

Decision rationale: California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The clinical documentation submitted for

review failed to provide the functional benefit and efficacy of the requested medication. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for trazodone hydrochloride 100 mg #90 for the lumbar spine disorder as outpatient is not medically necessary.