

Case Number:	CM13-0048466		
Date Assigned:	12/27/2013	Date of Injury:	11/30/1993
Decision Date:	05/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and hip pain reportedly associated with an industrial injury of November 30, 2003. Thus far, the applicant has been treated with analgesic medications, attorney representation; transfer of care to and from various providers in various specialties and psychotropic medications. In a utilization review report of October 23, 2013, the claims administrator denied a request for Desyrel or Trazodone. The claims administrator, somewhat incongruously, cited mislabeled non-MTUS ODG Guidelines on Zolpidem or Ambien, which were incorrectly labeled "California sleeping medications." A November 27, 2013 medical progress note is notable for comments that the applicant reports heighten low back pain issues radiating to left leg. Issues with poor pain control are interrupting the applicant's sleep, it is noted. Naprosyn was renewed. Trazodone, Senna, Nucynta, and Valium were likewise endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAZODONE HCL TABS 100MG, #30: Overturned

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 Page(s):
13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressant medication such as Trazodone are "recommended" as a first-line option for chronic pain, particularly chronic pain which has a neuropathic component. In this case, since the claimant is having issues with both chronic pain and derivative insomnia, Trazodone is a particularly appropriate choice, particularly as the ODG Mental Illness and Stress Chapter insomnia treatment topic notes that Trazodone is one of the most commonly prescribed agents for insomnia and that sedating antidepressants, as a class, have been used to treat insomnia. Thus, for all of the stated reasons, the original utilization review decision is overturned. The request is certified, on independent medical review.