MAXIMUS Federal Services

Case Number:	CM13-0051036		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1999
Decision Date:	03/11/2014	UR Denial Date:	10/16/2013
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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland, and District of Columbia. 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 40-year-old male who was injured in an industrial-related incident on 04/06/99. On the date of injury, the patient was working as a laborer when he lifted a box from the floor while simultaneously twisting his trunk. He felt the onset of pain in his neck, mid-back, and low back. He was evaluated that day and was initially diagnosed with a thoracic spine strain. The patient continued to work for approximately two weeks after his injury, but was then taken off work. Throughout the course of care the patient has been treated with medications, and intrathecal pain pump trial, hot and cold compresses, a TENS unit, physical therapy, pain management psychotherapy, epidural steroid injections, cortisone injections, a home exercise program, and aquatic therapy. It should be noted that the patient underwent a non-industrial related knee surgery in 1991. It appears that the patient present to the emergency department multiple times during the course of care with complaints of acute flare-ups and he was treated with pain medication injections. A lumbar MRI dated 05/07/99 revealed degenerative disc disease at L4-S1 with subligamentous disc protrusion at the midline of L4-L5 and a bulging annulus at L5-S1. A lumbar MRI dated 09/12/00 showed degenerative disc disease and a small central disc protrusion at L4-S1 and borderline central stenosis at L4-L5. On 09/25/00, electrodiagnostic studies revealed chronic L4-L5 radiculaopathy of the left. A pre-operative psychological screening dated 05/31/01 found the patient to suffer from depression, anxiety, and insomnia secondary to pain and it was felt that he was not a good candidate for surgical intervention. A medical-legal evaluator opined that the patient was embellishing his symptoms; however one of the providers disputed this and opined that the patient was a good candidate for a fusion surgery. On 09/10/04, it was noted that the patient had not been compliant with all of his treatment appointments. The office dated 03/09/12 and the current medication regimen was

discussed, additional aquatic therapy was requested, and psychotherapy was recommended by the provider. The treatment plan was for the patient to continue his medication regimen and physical therapy. It should be noted that the patient was diagnosed with diabetes mellitus on 04/22/09. The patient has been followed by [redacted] for primary care and she has prescribed hydrocodone/ acetaminophen. An office visit note from [redacted] dated 9/24/13 documents status postlumbar fusion syndrome with radicular pain, myofascial pain and chronic pain syndrome with sleep and mood disorder. The claimant was noted to have increased pain recently and was advised by [redacted] office to visit the emergency room. The claimant declined. The claimant is noted to have a back brace, which is worn down. Examination revealed an individual in pain with difficulty in motion and all posturing, grimacing, antalgic gait and use of a walker. No detailed neurological findings listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg tabs #60, Refill x5: 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) formulary, www.odg-twc/odgtwc/formulary.htm, drugs.com, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, the ACOEM Practice Guidelines, Low Back; Ta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 1/7/2014)-Insomnia treatment and the Medline Plus.

Decision rationale: With respect Trazodone 50mg tabs, #60 Refill x5, long term use is not supported by the guidelines. ODG states (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use. According to the notes, this medication is being prescribed for treatment of a sleep disorder secondary to chronic pain. However, the medical records received do not document attempts at-good sleep hygiene or that the use of this medication has been beneficial for the patient. It is unclear why the patient requires more than one sleep aide medication. Additionally, sleep aides are not recommended for long-term use. Therefore the request for Trazodone 50mg tabs #60 Refill x5 is not medically necessary.