

<b>Case Number:</b>	CM13-0058305		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/17/1997
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 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 patient is a 52 year old male who was injured on 09/17/1997. The mechanism of injury is unknown. Prior treatment history has included physical therapy and ESI injections. Medications include Cymbalta 60 mg, Trazodone 50 mg. PR-2 dated 08/20/2013 documented the patient to have complaints of back pain. Utilizing the VAP score the pain is 6/10. Objective findings on exam constitutional are normal. Respiratory the lungs are clear to auscultation. Regular rhythm and rate. The patient is alert and oriented. Diagnosis: Post-laminectomy syndrome of lumbar region. PR-2 dated 09/27/2013 documented the patient with complaints of back pain. The pain is rated 6/10. Objective findings on exam constitutional are normal. Respiratory - the lungs are clear to auscultation. Regular rhythm and rate. The patient is alert and oriented. Current medication Cymbalta 60 mg and Trazodone 50 mg. Diagnosis: Post-laminectomy syndrome of lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 TABLETS OF TRAZADONE 50MG DAILY, FOR SYMPTOMS RELATED TO LUMBAR INJURY.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th edition, McGraw Hill, 2006. Physician's Desk Reference, 65th

edition - online; ODG Workers Compensation Drug Formulary, online; Epocrates Online Calculator - AMDD Agency Directors' Group Dose Ca

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment of chronic Low Back Pain; and Trazodone, [www.nlm.nih.gov/medlineplus/druginfo/meds/a681038.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681038.html).

**Decision rationale:** According to the Official Disability Guidelines and CA MTUS, antidepressants for chronic pain are recommended as a first line option 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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The PR-2 reports dated 8/20/2013 and 09/27/2013 documented the patient with complaints of back pain, rated 6/10. Objective findings on exam revealed constitutional are normal, respiratory - the lungs are clear to auscultation, regular rhythm and rate, and the patient is alert and oriented. Current medication is Cymbalta 60 mg and Trazodone 50 mg. Diagnosis: Post-laminectomy syndrome of lumbar region. According to ODG, in treatment of chronic Low Back Pain, a systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The guidelines state SSRIs, such as Trazodone have not been shown to be effective for low back pain. In addition, the medical records do not document any subjective complaints with clinical objective findings establishing depression. Furthermore benefit with Trazodone has not been documented. Consequently, Trazodone is not medically necessary under the evidence-based guidelines, recommendation is to non-certify.