MAXIMUS Federal Services

Case Number:	CM13-0065120		
Date Assigned:	06/09/2014	Date of Injury:	12/21/1998
Decision Date:	07/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 49year old woman with a work-related injury dated 12/21/98, resulting in chronic back pain. Her care is managed by a primary provider and a pain specialist. The injured worker was seen and evaluated by the pain specialist on 10/21/13. She complains of back pain that is moderate to severe in the upper, middle and lower back. Also she has pain in the gluteal region and left shoulder. Diagnoses included: COAT, Chronic pain due to trauma, facet arthropathy, degenerative disc disease lumbar, derangement of meniscus and osteoarthrosis. Previous treatment has included surgery of bilateral knees and oral analgesics. Review of systems shows she is having depression and headache without any symptoms of anxiety or insomnia. A physical exam on 10/21/13 showed normal vital signs, gait is antalgic, tenderness to palpation over the paraspinous and spinous processes, decreased range of motion of the spine and positive Fabers test bilaterally. Psychiatric exam showed the patient is alert and oriented to time, place, person, and situation with normal insight, and exhibiting normal judgment. Currently she is treated with Oxycodone/Acetaminophen, Carisoprodol, Lidocaine topical, Ibuprofen, Xanax, Atenolol, Prilosec, Trazodone, Humira, Ambien, Flexeril, Fosamax, Prozac and Prednisolone. Functional assessment indicates the patient does better with activities of daily living (ADLs) with medications than without. There is no documented indication for the use of Trazadone 50mg daily. Under consideration is the continued use of Trazadone 50mg daily which has been denied during utilization review dated 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE: 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 Page(s): 13-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com. Trazadone, drug information.

Decision rationale: According to the guidelines antidepressant medications are recommned 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.In this case Trazadone 50mg daily is being prescribed. The website, Uptodate drug information regarding Trazadone, states that at the dose of 50mg daily, Trazodone is used (off-label) as a sedative hypnotic. A starting dose for depression is 150mg daily. In this case the injured worker is being prescribed Trazadone 50mg. The documentation provided doesn't support the indication. She has a history of depression and is being treated with Prozac. She is also being treated with Ambien and Xanax which are two sedating medications used for insomnia. The review of sytems is negative for insomnia or depression. As the patient is not having problems with insomnia or depression, and it is not clearly documented what indication the Trazadone is being used for, the request is not medically necessary.