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| Case Number: | CM13-0071163 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 05/12/2011 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 56 year old male with an injury date on 05/12/2011. Based on the 09/30/2013 progress report provided by the treating physician, the diagnoses are:1. DJD of C-spine2. DJD of L-spine3. Post-Laminectomy syndrome According to this report, the patient complains of upper back, middle back, left shoulder and low back pain. The treating physician mentions "the patient feels happy that he is rarely taking medication and is happy to return to work. He still does his usual exercises. He denies any other problems." Exam findings show tenderness across his LS spine and in the spinous processes of the lumbar spine. The 08/24/2014 report indicates patient's pain is at a 7/10 without medications and with medications pain is a 4/10 and tolerable. There were no other significant findings noted on this report. The utilization review denied the request for Trazodone 50mg #30 on 11/26/2013. The treating physician is the requesting provider and he provided treatment reports from 07/09/2013 to 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30: 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), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Medication for Chronic Pain Page(s): 13-15, 60, 61.

Decision rationale: According to the 09/30/2013 report by treating physician this patient presents with upper back, middle back, left shoulder and low back pain. The current request is for Trazadone 50 Mg #30. Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants page 13 to 15 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. Review of reports show the patient suffers from chronic low back pain with insomnia. Per 09/06/2013, the patient is diagnosed with "mild depression." However, there was no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with depression or insomnia. MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.