

Case Number:	CM14-0000122		
Date Assigned:	01/10/2014	Date of Injury:	05/15/2006
Decision Date:	04/22/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	12/31/2013

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 Emergency 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 patient's date of injury was 5/15/2006. The mechanism of injury described as lifting injury at work. The patient diagnosis included lumbar musculoligamentous sprain/strain, bilateral lower extremity radiculitis with diffuse disc bulges at L4-5 and L5-S1, left sacroiliac joint sprain and left knee patellofemoral arthralgia. Prior surgical history included cervical fusion and right knee surgery. Multiple medical records from primary treating physician and consultants were reviewed. The last record was available until 12/11/13. The patient complains of low back pain radiating to both thighs with numbness and tingling and difficulty climbing stairs. The pain worsens with standing, bending and walking. Also complains of dull neck pains and bilateral wrist pain right more than left with some stiffness and numbness to both 3rd and 5th fingers. The pain is constant and unchanged. The patient has difficulty falling asleep due to pain. Note from 1/31/13 reports patient has complaints of depression and anxiety. Objective exam reveals lumbar paravertebral muscle, lumbosacral junction, bilateral L5-S1 and L4-5 facet tenderness with guarding. Right paracervical muscle pain and tenderness to right trapezius muscle with normal range of motion of neck. The clinical notes noted tenderness to left sacroiliac joint and gluteal muscle. The patient has pain to low back with straight leg raise test. The exam also showed decreased lumbar spine range of motion. Bilateral wrist with negative Tinel, Phalen's, and Finkelstein test with no pain and normal motor function. The patient has received bilateral medial branch nerve blocks of L4-5 and L5-S1, cold therapy, transcutaneous electrical nerve stimulation (TENS) unit and is currently on medication treatment. Also notes of multiple percutaneous epidural decompression procedures. The last medication list available from 1/31/13 included gabapentin, rosuvastatin, dorzolamide, hydrocodone, buspirone, atenolol, synthroid, meloxicam, orphenadrine, Viagra, and zolpidem. No updated medication list provided although several more recent notes state that patient is on sonata for sleep. MRI (magnetic resonance

imaging) Arthrography (8/12/13) of left knee reveals chronic degeneration with cystic changes in the anterior aspect of lateral meniscus likely from chronic meniscus tear and 2cm Baker's cyst. MRI arthrogram (8/12/13) of right shoulder reveals full thickness tear of supraspinatus tendon with retraction. MRI of the lumbar spine (8/12/13) reveals L1-5 with multilevel mild disc desiccation. X-ray of cervical spine (8/12/13) reveals significant disc disease at C3-4 and C4-5 and x-ray of lumbar spine reveals minimal osteophytosis with minimal dextrocurvature of lumbar spine. A utilization review is for prescription for trazodone 50mg between 12/11/13 and 2/17/14. Prior utilization review on 12/20/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 5-MG BETWEEN 12/11/2013 AND 2/17/2014: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone.

Decision rationale: There is no mention of Trazodone for insomnia in the MTUS Chronic pain or ACOEM guidelines. Trazodone is an anti-depressant used for the treatment of depression although it is used off label for other medical problems. The prescription for trazodone appears to be treatment for insomnia and not for neuropathic pain. As per the Official Disability Guides (ODG), Trazodone is an option for patients with insomnia with potential mild coexisting psychiatric symptoms of depression or anxiety however evidence to support this off label use is weak. The guidelines do not recommend trazodone as a first line drug. The patient has complaints of insomnia mostly due to pain. There is documentation of some concomitant complaint of depression and anxiety but there is no actual documentation of an actual clinical diagnosis. There is no documentation of any other treatment modalities or attempted conservative intervention to manage the insomnia. There is no documentation of sleep studies or actual severity of insomnia. The patient appears to be on zolpidem in the past and is now on Sonata (zaleplon) for sleep with no documentation as to its effectiveness. Due to weak evidence to support off label use and the fact that patient does not have documentation to support the basic criteria for off label use of trazodone; the prescription for trazodone is not medically recommended.