

Case Number:	CM14-0009938		
Date Assigned:	02/21/2014	Date of Injury:	07/28/2007
Decision Date:	07/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 50-year-old male with a 7/28/2007 date of injury. A specific mechanism of injury was not described. 1/14/14 determination was modified. There was certification for Motrin 800 mg #120 and Neurontin 600 mg #50, and a modified certification was rendered for Trazodone 50 mg, to include up to #30. The reasons for modification include that trazodone prescription was warranted and a trial of trazodone was recommended for up to #30 and continued use to be based on a positive response to treatment. A 12/26/13 medical report identifies daily low back pain, stiffness, and muscle spasms, rated at 6/10. There was radiating pain to the lower extremity, at best with pain medication pain is reduced to 4/10. The patient reported that sleep was disrupted due to pain in the low back region and he was unable to find comfortable position, as well as stress/anxiety kept him awake. He was taking Ambien as needed. The exam revealed cervical spine tenderness and myospasms with positive shoulder depression test. There was decreased range of motion. Lumbar spine with tenderness to palpation and myospasms with positive straight leg raise and sacroiliacjoint stress test. There was decreased range of motion. The treatment plan included to discontinue Medrox patches and Ambien, and prescribe a Trazodon trial with refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TRAZODONE 50 MG: 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 Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

Decision rationale: The patient presents with chronic pain, insomnia, and a component of anxiety that disrupts sleep and is not appropriately managed with Ambien. Given these factors the provider prescribed a trial of trazodone, which seemed appropriate. Since no quantity was requested, a modification to #30 was reasonable. As such, the request is not medically necessary.