MAXIMUS Federal Services

Case Number:	CM14-0011043		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2001
Decision Date:	07/14/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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 is a 55-year-old female who has submitted a claim for lumbar post laminectomy syndrome, radiculopathy, displacement of lumbar intervertebral disc without myelopathy, mood disorder, piriformis syndrome and lumbar facet syndrome associated with an industrial injury date of March 3, 2001.The patient complains of low back pain radiating down the bilateral lower extremities rated 5/10. Quality of sleep has remained poor. Pertinent physical examination findings include limitation of motion of the lumbar spine due to pain; tenderness with tight muscle band on both sides; and diminished sensation over the lateral calves. She has a slowed gait and cannot walk on heel and toes. The diagnoses were lumbar facet syndrome, piriformis syndrome, mood disorder, post laminectomy syndrome and lumbar radiculopathy. Treatment plan includes requests for trazodone to aid sleep and Duragesic patches for weaning.Treatment to date has included oral and topical analgesics, antidepressants, home exercise program and physical therapy.Utilization review from January 14, 2014 modified the request for trazodone 50mg #30 from 3 refills to no refills. This is to initiate weaning process because the guideline does not recommend long-term use of sleep aids or anti-depressants for sleep. The requests for Duragesic 12mcg #10 and Duragesic 25mcg #10 were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50MG, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In this case, the patient has been on this medication as far back as January 2013. However, she still complains of poor sleep quality despite use of this medication. There is also no description of the patient's sleep hygiene, or of any co-existing depression or anxiety symptoms. The medical necessity for continued use of this medication has not been established. Therefore, the request for TRAZADONE 50MG, #30 WITH 3 REFILLS is not medically necessary.