

Case Number:	CM14-0016248		
Date Assigned:	04/11/2014	Date of Injury:	09/22/2003
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This is a 55 year old woman who has reported low back and leg pain after an injury on 9/22/03. The diagnoses have included lumbar spondylosis, radiculopathy of her left lower extremity, status post L4-5 anteroposterior fusion in 10/09, depression secondary to chronic pain, and history of deep venous thrombosis on chronic coumadin therapy. The treatment to date has included lumbar surgery, physical therapy, many medications, psychotherapy, and injections. During 2013, Trazodone was prescribed chronically at bedtime for insomnia stated to be caused by neuropathic pain. The treating physician has stated that her medications slightly decrease pain and help her with activities of daily living. She continues to use a walker there is no work status or any evidence of attempts to return this injured worker to her usual sedentary job. Per the report of 1/16/14, there was increasing pain in the low back and left leg reportedly due to attempts at increasing activity. Her medications included Fentanyl patches, Percocet, Trazodone for insomnia and neuropathic pain, Amitiza, Laxacin, Lidoderm patches, Wellbutrin and Zoloft. Her physical examination showed reduced range of motion, tenderness, spasm, and signs of radiculopathy. The treatment plan included refill of Trazodone and a new prescription for Soma, a 30 day trial for spasm, #120. On 1/24/14 Utilization Review non-certified Trazodone and partially certified Soma. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG, ONE (1) TABLET QHS, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 14.

Decision rationale: The California MTUS recommends antidepressants (TCAs and SNRIs) for chronic pain, including neuropathic pain. The California MTUS has no discussion of Trazodone. The Official Disability Guidelines states that Trazodone is an option for short term treatment of insomnia. The updated ACOEM Guidelines cited above recommend against Trazodone for chronic low back pain. In this case the treating physician has prescribed Trazodone for insomnia and neuropathic pain. The only potential indication per guidelines is insomnia. Although the Official Disability Guidelines states that efficacy is short-lived, the treating physician has stated that there is ongoing benefit when used at night. However, the request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for Trazodone, per the guidelines, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Trazodone is not medically necessary based on lack of a sufficiently specific request, lack of evidence that use is short term only, and the guideline recommendations.

SOMA 350MG, QID, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. Soma is categorically not recommended for chronic pain per the California MTUS. Note its habituating and abuse potential. The prescription for #120 is excessive, given that it is for a "trial", and that any use should be short term, if at all. This injured worker has already been prescribed other classes of habituating, sedating, and psychoactive medications, and the addition of yet another is fraught with risks of adverse affects. Per the California MTUS, Soma is not indicated and is not medically necessary.