

<b>Case Number:</b>	CM14-0115803		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 27-year-old male with a reported injury on 08/14/2012. The mechanism of injury was the injured worker was on a ladder washing windows and he fell from the ladder, landing on his back. He had severe low back pain which has been associated with radiating leg pain bilaterally. His diagnoses consisted of left lateral epicondylitis and lumbar strain. He has had previous treatments of chiropractic therapy and physical therapy but continued to be symptomatic. The injured worker had an examination on 06/18/2014 with continued complaints of his lumbar back strain. He would like to consider the option of surgery. He complained also of his left elbow with sharp, constant pain at a 6/10 level and his low back pain was sharp and constant at an 8/10 level which worsened by prolonged activity and was better with exercise and medication. He reported that the pain occasionally radiated to his bilateral heels. There was a lack of physical examination of functional deficits. The list of medications included Anaprox, trazodone, Lidoderm patch, Ultram, and Cymbalta. The recommended plan of treatment was for the injured worker to continue a home exercise program with stretching and strengthening to refill his medications. The Request for Authorization was signed and dated 06/18/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50-200 mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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

**Decision rationale:** The request for trazodone 50/200 mg #100 is not medically necessary. The California MTUS Guidelines do recommend antidepressants for neuropathic pain. Assessment of treatment efficacy should include pain outcome, elevation of function, changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment. It is suggested that if pain is in remission for 3 to 6 months a gradual tapering of antidepressants should be undertaken. Long term effectiveness of antidepressants has not been established. There was a lack of evidence of efficacy of this medication. There was a lack of evidence of an evaluation of functional deficits and/or improvements. There was no indication that the injured worker was having any sleep quality issues and the quality and duration was not assessed. There was a lack of evidence of a psychological assessment that was done. The injured worker has been on this medication at least since 05/2013. There has been no shown tapering of effectiveness of this medication. There is a lack of evidence to support the necessity of 100 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the guidelines. Therefore, the request for trazodone 50/200 mg #100 is not medically necessary.