

Case Number:	CM14-0120370		
Date Assigned:	08/06/2014	Date of Injury:	11/04/1999
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 55 year old male who was being followed for back pain and leg pain. The date of injury was 11/04/1999 and the mechanism of injury was unavailable in the medical records provided for review. He was being treated for low back pain as well as leg pain. His history included lumbar fusion and instrument removal in 2003. His medications included Elavil 100mg, Trazodone 100mg and Biofreeze. His diagnoses included low back pain with postsurgical changes of the lumbar spine from L3-L4 to L5-S1 with fusion of the disc spaces and left laminectomy at L4-L5 and L5-S1 region. Postoperative fibrosis in the region of laminectomy at L5-S1, enhancement of the left exiting L4 nerve root at L4-L5. His diagnoses also included left-sided SI joint syndrome, depression due to chronic pain and right knee pain. He was seen on 2nd July of 2014 by his primary treating provider and was noticed to have a pain of 7/10-8/10 severity. On examination he was noted to have limited lumbar spine flexion and extension. He was noted to be in moderate discomfort due to the pain. A request was sent for a percutaneous spinal cord stimulator trial. The visit notes from 11/15/ 2013 was also reviewed. He was noted to have pain in back and left leg. He rated it at 5/10- 9/10 in intensity. His medications during this visit included fentanyl 25 mcg per hour patch, Elavil, trazodone, naproxen and bio freeze. He was noted to be in mild to moderate discomfort with a limited range of motion of the lumbar spine. Diagnoses included low back pain with postsurgical changes of the lumbar spine, left-sided SI joint syndrome and depression. Patient was given refills on fentanyl patches, Elavil, trazodone, baclofen and naproxen. He was seen again on January 15, 2014 by the primary treating provider. He reported that he was being weaned off of the fentanyl patches. Otherwise he was continued on his regular medications. He was again seen in March as well as May of 2014. He reported that his medications were helping his pain. He denied any adverse reactions. The request was for Trazodone 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg (quantity unspecified): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: According to Official Disability Guidelines, Trazodone is recommended as an option for insomnia only for patients with coexisting depression or anxiety. It also has some anxiolytic actions. The employee was being treated for low back pain and radiculopathy with history of depression due to chronic pain. Given the diagnosis of depression due to chronic pain and the effectiveness of the medications in controlling the symptoms, medical necessity for Trazodone has been established. The request for Trazodone 100mg is medically necessary and appropriate.