

Case Number:	CM14-0152433		
Date Assigned:	09/22/2014	Date of Injury:	07/19/1999
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, 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 who sustained a remote industrial injury on 07/19/99 diagnosed with sprain/strain of the lumbar region, failed back surgery syndrome, degenerative disc disease of the lumbar region, lumbar radiculopathy, and ventral hernia. Mechanism of injury is not specified in the documents provided. The request for Trazodone HCL 100mg, 2-3 tabs, po, qhs prn #90 with 2 refills was non-certified at utilization review due to the lack of support of this medication on an as needed basis in the treatment of chronic neuropathic pain and it is recommended that this medication should be administered as a steady dose on a regular basis. The most recent progress note provided is 08/14/14. Patient complains primarily of a flare-up of left-sided failed back surgery syndrome-related lumbar radicular pain limiting the patient's activity and sleep. The pain is rated as a 7/10 and described as sharp, dull, aching, throbbing, stabbing, numbness, pressure, electrical, shooting, burning, stinging, cramping, weakness, and spasm. Patient reports that the current medication regimen is helping him to better perform his activities of daily living, sleep, and walk but he requests further intervention. Physical exam findings reveal tenderness to palpation in the lumbar spine, severe spasm in the lumbar spine with the left side greater than the right, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, an antalgic and weak gait, decreased strength in bilateral lower extremities with the left side weaker than the right side, decreased sensation in the lumbar spine bilaterally, and decreased deep tendon reflexes in bilateral lower extremities. Current medications include: Zipsor 25mg one tablet four times a day, Soma 350mg 1-2 tablets three times a day, Trazodone HCL 100mg 2-3 tablets at bedtime as needed, Norco 10-325mg 2-3 tablets four times a day as needed, and MS Contin 200mg three tablets twice a day. It is noted that a urine toxicology screen was ordered during this visit and epidural steroid injections will be scheduled. It is also noted that the patient has been making efforts to reduce his medication. Provided documents include previous progress

reports that reveal the patient has been prescribed Trazodone since at least 01/16/14, requests for authorization, and a list of job descriptions. On 07/17/14, the patient complained of depression and anxiety in the review of systems. The patient's previous treatments are not thoroughly delineated and imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 100mg, 2-3 tabs, p.o, qhs prn #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2010 Physician's Desk Reference, 68th ed. www.rxlist.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment

Decision rationale: Utilization of antidepressants is endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. CA MTUS guidelines specifically state, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." ODG further highlights that Trazodone is recommended for patients with insomnia and coexisting depression. In this case, the treating physician does document coexisting symptoms of depression and issues with sleeping in some of the progress reports but these symptoms of depression and insomnia are not consistently documented. Further, provided documentation identifies previous prescriptions of Trazodone but no functional benefit, including sleep quality and duration, is documented as a result of this medication. Additionally, as a treatment for chronic pain or depression, Trazodone should be administered as a steady dose on a regular basis. Lastly, the current request calls for refills and refills are not recommended, as ongoing monitoring of functional/psychological benefit is necessary for continued use. For these reasons, the medical necessity of Trazodone is not supported and Trazodone HCL 100mg, 2-3 tabs, p.o, qhs prn #90 with 2 refills is not medically necessary.