

Case Number:	CM14-0152900		
Date Assigned:	10/23/2014	Date of Injury:	03/16/2000
Decision Date:	12/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 3/16/00. There is a letter from his provider dated 7/10/14 stating that he is followed for chronic low back pain and underwent lumbar laminectomy in 12/00 and has had pain since that time. His diagnoses included lumbar bulging disc, degenerative disc disease, spondylosis, radiculopathy, lower extremity pain, spinal stenosis and facet arthropathy. He had tried physical therapy and had had multiple lumbar injections "over the years" but had only temporary relief. He was being controlled with pain medications and was to continue these indefinitely. At issue in this review is the prescription for Trazodone. Length of prior prescription is not documented in the note. He was also taking Oxycodone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazodone 100mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-14.

Decision rationale: Trazodone is an anti-depressant and is a serotonin antagonist and reuptake inhibitor. Anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched per the MTUS. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of side effects or efficacy or documentation of a physical exam. The records do not support medical necessity for trazodone.