

<b>Case Number:</b>	CM14-0154890		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, 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 49 year-old patient sustained an injury on 6/29/13 while employed by [REDACTED]. Request(s) under consideration include Trazodone 50mg #30 1 Refill and Salsalate 750mg #60 5 Refills. The patient continues to treat for diagnosis of chronic low back pain syndrome; lumbar radiculopathy/ intervertebral disc degeneration; fibromyositis; and psychophysiological disorder. Conservative care has included medications, therapy, lumbar epidural steroid injection (Dec. 2013 with limited relief), and modified activities/rest. Report of 9/5/14 from the provider noted ongoing diffuse low back and bilateral leg pain with constant headaches rated at 4/10; low back stiffness; interference with sleep with associated right lower extremity weakness, numbness and tingling in both legs. No objective findings were documented with physical exam noting "None recorded." Medications list diclofenac topical; salsalate and trazodone. The patient remained not working. The request(s) for Trazodone 50mg #30 1 Refill was modified for #30 with no refill for weaning and Salsalate 750mg #60 5 Refills was non-certified on 9/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #30 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Monthly Prescribing Reference Page 292

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Treatment of Chronic Persistent Pain, Page(s): 13-16.

**Decision rationale:** Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. There are no evidence-based studies showing indication or efficacy for treatment of trazodone in insomnia. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury June 2013. Trazodone 50mg #30 1 Refill is not medically necessary and appropriate.

**Salsalate 750mg #60 5 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Salsalate 750mg #60 5 Refills is not medically necessary and appropriate.