MAXIMUS Federal Services

| Case Number: | CM14-0164981 | | |
|---|---|---|---|
| Date Assigned: | 10/29/2014 | Date of Injury: | 07/10/2009 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

## 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, has a subspecialty in Interventional Spine 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:

The patient is a 38 year-old male with the date of injury of 07/10/2009. The patient presents with pain in his lower back, radiating down his legs. The patient rates his pain as 5-7/10 on the pain scale, aggravated by bending, lifting, prolonged sitting or walking. The patient presents palpable paravertebral muscle tenderness with spasm. The range of lumbar motion is restricted. Examination reveals positive seated nerve root test and positive McMurry. MRI of the lumbar spine reveals a grade 1 spondylolisthesis at L5. Electro diagnostic consult on 11/06/2012 reveals there is no evidence of entrapment neuropathy in the lower extremities. The patient is not working. The patient is currently taking Protonix, Ultram, Naproxen, and Trazodone. The patient has not worked over 3 years due to pain. According to [redacted] report on 09/10/2014, diagnostic impressions are; lumbago; lumbosacral neuritis not otherwise specified (nos); and internal derangement knee not otherwise specified (nos). The utilization review determination being challenged is dated on 08/25/2014. [redacted] is the requesting provider, and he provided treatment reports from 10/28/2013 to 09/29/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress/Mental Chapter, Trazodone

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for Trazodone 100mg #30. MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, Official Disability Guidelines support it if concurrent depression is documented. In this case, the provider does not explain why Trazodone is being prescribed. While insomnia is listed as one of the diagnosis, there is no discussion regarding what has been tried and how the patient is struggling with insomnia. There is no discussion regarding any depression either. Therefore, this request is not medically necessary.

**Omeprazole 20 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for Omeprazole 20mg #30. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The providers report on 10/28/2013 indicates that the patient has been suffering from gastro esophageal disease (GERD). Therefore, this request is medically necessary.