

Case Number:	CM14-0167003		
Date Assigned:	10/14/2014	Date of Injury:	08/07/1997
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/16/14 note indicates stimulator is not working well. The injured worker is having more pain in right side and low back. The injured worker is taking Norco more. The injured worker reports stomach upset. 9/16/14 orthopedic note indicates pain in the back and right leg. The stimulator is reported to have good and appropriate stimulation but the battery is not holding a charge. Generator replacement was planned. The injured worker complained of nausea and that it was well controlled with Zofran. The injured worker was taking Norco, Zofran, Trazodone, and Norflex. Examination notes decreased range of motion. There was decreased sensation in the right C5 to C8 dermatomes. There was 4/5 right upper extremity with pain and 4/5 right lower extremity with pain. Trazodone was recommended at bedtime for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, 1 tablet by mouth every night at bedtime as needed (p.o., q.h.s., prn) #80 for chronic cervical and lumbar pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/2/14), and Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic's Page(s): 122.

Decision rationale: The medical records indicate pain in the back with associated neurologic deficits and treatment includes stimulator which corresponds to a neurologic pain condition. Tricyclic's, such as Trazodone are supported under MTUS for neuropathic pain treatment. As such the medical records support treatment with Trazodone congruent with MTUS guidelines.