

Case Number:	CM14-0034153		
Date Assigned:	06/20/2014	Date of Injury:	09/25/1991
Decision Date:	08/15/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 09/25/1991, caused by an unspecified mechanism. Treatment history included medications, surgery and physical therapy sessions. Evaluation dated 04/23/2014 documented that the injured worker had moderate low back and mid back pain. The numbness was less than before; however, he still gets headaches. The injured worker's back pain was at an 8/10 pain level. The objective findings he had left-sided low back, more on the right, which radiated down into his legs and up the spine. He had lumbar spasms with tightness with straight leg raising and his Achilles reflexes were decreased compared to patella tendon reflex. His flexion at the waist was 50 degrees. The medications included Hydrocodone 7.5 mg and Trazodone 50 mg. His diagnoses included lumbar disc disorder with myelopathy. The Request for Authorization dated 02/28/2014 was for Trazodone and the rationale indicated it was for the injured worker's night pains and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone (strength & quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14 & 15.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The medical records provided for review documented that the injured worker complained of low and mid back pain. The documents submitted failed to indicate the injured worker's outcome measurements while taking Trazodone. Furthermore, the documents submitted failed to indicate the outcome measurements of physical therapy, home exercise regimen, and pain medication management. In addition, the request lacked frequency, dosage and duration. As such, the request for Trazodone strength & quantity unknown is not medically necessary and appropriate.