

Case Number:	CM14-0046004		
Date Assigned:	07/02/2014	Date of Injury:	07/08/1993
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 50-year-old female who reported an injury on 07/08/1993 due to an unknown mechanism. The injured worker's diagnoses are an L1-2 retrolisthesis of 3 mm relative to L2, no stenosis; L2-3 mild diffuse bulge and bony ridge, mild central canal stenosis; piriformis myofascial pain syndrome; chronic opiate intake with 120 mg morphine equivalency; and an L3-4 disc bulge with mild diffuse bony ridge. The injured worker's past diagnostics include a CT of the lumbar dated 08/21/2002 and an MRI dated 02/02/2012 of the lumbar spine. The injured worker's past treatments were lumbar epidural steroid injection with fluoroscopy dated on 02/07/2014 acupuncture and chiropractic treatments, medications, ice, heat, walking program, stretching and TENS. The injured worker is status post L4-L5 fusion. The injured worker complained of lumbosacral pain that radiates to the thighs bilaterally and is aggravated by prolonged walking, standing, forward flexion, squatting or mild lifting. The injured worker also complained of increased hip pain with lower back pain with prolonged weight bearing activities. Also, the pain induces anxiety and sleep disturbances. The injured worker reported that she spends 18 hours per day in bed, and engage in only minimal activity. The injured worker did not provide a pain score on this clinical visit. On the physical examination dated 02/12/2014, there was tenderness to palpation to the posterior facets at the lumbar spine. Tenderness was noted at L2-5 on the left. There was a paralumbar cyst 4 cm from midline on the right measuring 4 cm in diameter with significant tenderness. It was noted the injured worker sleeps 7 hours a night with 2-4 interruptions due to pain. The Trazadone reportedly facilitated sleep. The injured worker's medications were Gabapentin 800 mg 3 times a day, Trazadone 150 every night, Baclofen 10 mg twice a day and Endocet 10/325 at 1 to 2 tabs 3 times a day. The treatment plan was for the

request for Trazadone 150 mg #30. The request was to help facilitate sleep. The Request for Authorization form dated 03/26/2014 was submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; www.RxList.com; ODG, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; www.online.epocrates.com; www.empr.com; www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anriidepressants for chronic pain Page(s): 13.

Decision rationale: According to the California MTUS, antidepressants for chronic pain are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in the use of other analgesic medications, sleep quality, duration and psychological assessment. There was documentation on the clinical note of 02/12/2014 for the Trazadone to help facilitate sleep, as sleep is impaired. The injured worker also complained of sleep impairment related to chronic pain. The documentation indicated the injured worker was able to sleep 7 hours with 2-4 interruptions throughout the night. However, the request as submitted did not include the frequency of the medication. As such, the request for Trazadone 150 mg #30 is not medically necessary.