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| Case Number: | CM14-0075119 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/14/2012 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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 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:

According to the records made available for review, this is a 37-year-old female with a 9/14/12 date of injury. At the time (1/7/14) of request for authorization for Retrospective Trazodone 50mg #60, there is documentation of subjective (low back pain radiating to the legs and into the feet, and difficulty sleeping secondary to pain) and objective (tenderness to palpation over the lumbar spine, diminished sensation over the right L4, L5, and S1 dermatomes, and decreased strength of the right tibialis anterior, extensor hallucis longus, and with plantar inversion, eversion and flexion) findings, current diagnoses (Grade 1-2 spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe neural foraminal narrowing at L5-S1, and lumbar radiculopathy), and treatment to date (Trazodone since at least 11/18/13). There is no documentation of chronic pain or coexisting mild psychiatric symptoms such as depression and anxiety; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trazadone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants; Trazodone.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, ODG identifies that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Within the medical information available for review, there is documentation of diagnoses of Grade 1-2 spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe neural foraminal narrowing at L5-S1, and lumbar radiculopathy. In addition, there is documentation of difficulty sleeping. However, there is no documentation of chronic pain or coexisting mild psychiatric symptoms such as depression and anxiety. In addition, given documentation of ongoing treatment with Trazodone since at least 11/18/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Trazodone. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Trazodone 50mg #60 is not medically necessary.