

Case Number:	CM14-0077893		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 07/18/13 when he developed low back pain while moving a ladder while working as a cable installer. He was diagnosed with a lumbar strain/sprain. Treatments included medications and chiropractic care and he participated in physical therapy completing six treatments as of 08/01/13. Therapeutic content included electrical stimulation, heat, soft tissue mobilization, joint mobilization, and exercise. A home exercise program was provided. He had improved range of motion and mobility but had ongoing pain at discharge. When participating in physical therapy there was some pain relief lasting up to 24 hours but then with a return of symptoms. On 11/12/13 there had been mild to moderate relief of low back pain after six sessions of chiropractic care. Pain was rated at 4-6/10. Diagnoses were a lumbar spine strain/sprain and lower extremity radiculopathy. Continued chiropractic care three times per week for four weeks was recommended. X-rays are referenced as showing mild L4-S1 spondylosis. In December 2013 he underwent trigger point injections with improvement. He was evaluated again for physical therapy on 02/06/14 with complaints of low back stiffness and pain with symptoms radiating into the right leg. Pain was rated at 5-8/10. He had decreased lumbar spine range of motion and strength and decreased lower extremity strength bilaterally. He was noted to have a decreased lumbar lordosis. Therapy was planned three times per week for four weeks with therapeutic content to include work conditioning, stretching, electrical stimulation, modalities, and home exercise. EMG/NCS testing on 03/06/14 showed nonspecific findings. As of 04/11/14 he had undergone seven acupuncture treatments. He was seen by the requesting provider on 04/22/14. He was having ongoing constant low back pain with radiating pain into the legs. Pain was rated at 5-6/10 and worse at night. He had increased stress and anxiety due to poor sleep and pain. Physical examination findings included an antalgic gait and he was noted to

move with stiffness and in a protected fashion. There was loss of the lumbar lordosis and he had difficulty transitioning positions. He appeared depressed, anxious, and frustrated. He was diagnosed with a lumbar spine strain/sprain with bilateral lower extremity radiculopathy. Authorization for Physical therapy and acupuncture treatments was requested. Tramadol, Prilosec, and trazodone, were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Trazodone Prescribing Information.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for a lumbar spine strain/sprain. He has low back pain with radiating pain into the legs. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has radiating pain consistent with a diagnosis of neuropathic pain as well as chronic low back pain. However, the recommended starting dose is 150 mg in divided doses daily. In this case, the dose being prescribed is below that recommended for an adult patient. There are no reported adverse medication side effects that would prevent a titration of the claimant's dose and therefore Trazodone 50 mg, #30 was not medically necessary.