

<b>Case Number:</b>	CM14-0085893		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/01/1997
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old female with an injury date on 08/01/1997. Based on the 05/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post L4-L5 and L5-S1 lumbar fusion, March 12, 1998 by [REDACTED] 2. Residual low back pain and right lower extremity radiculopathy. 3. Right hip pain, rule out internal derangement. 4. Right shoulder tendonitis, rule out internal derangement. According to this report, the patient complains of low back pain that radiates down the right lower extremity, right shoulder pain, and right hip pain. The patient has numbness, tingling, weakness, and worsening with sitting, walking, or standing. The patient continues to complain of insomnia and has difficulty getting to sleep and staying asleep. The patient's current medications are Norco and gabapentin. "The patient notes 30% improvement in pain and 30% improvement in function with her current medication regimen." Tenderness is noted over the right AC joint, bicep tendon, and bilateral lumbar paraspinal muscles. Shoulder range of motion is slight limited. Positive straight leg raise is noted on the right side. Sensory exam reveals hypesthesia in the right L5 and S1 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 05/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/2013 to 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Medication of Trazadone 100 Mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's -Pharmacological Basis of Therapeutics- 12 Edition Physician's Desk Reference 68th Edition Official Disability Guidelines-Worker's Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS Guidelines on antidepressants Page(s): 13 to 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines under insomnia, Pain chapter.

**Decision rationale:** According to the 05/27/2014 report by [REDACTED] this patient presents with low back pain that radiates down the right lower extremity, right shoulder pain, right hip pain and insomnia. The provider is requesting a trial of Trazodone 100 Mg #30. Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, this patient presents with pain that radiates into the right lower extremity, or neuropathic pain. Anti-depressants can be used as a first line option for neuropathic pain and may be indicated for this patient. The patient is suffering from insomnia as well. The requested trial of Trazodone 100 Mg #30 appear reasonable and consistence with guidelines. Recommendation is for medically necessary.