MAXIMUS Federal Services

Case Number:	CM14-0087425		
Date Assigned:	07/23/2014	Date of Injury:	08/27/2004
Decision Date:	09/23/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 61 year old male who was injured at work on 08/27/2004. The worker complains of 6/10 pain with medications, but 10/10 pain without medications. The physical examination revealed limited lumbar range of motion, marked tenderness over the lower back, moderate low back spasms; negative straight leg raise. The injured worker was diagnosed of Low Back pain with Lumbar facet hypertrophy; Lumbar radiculopathy, currently asymptomatic; Multi-Lumbar degenerative disc disease with degenerative spondylosis and facet disease most pronounced at L4-L5 and L5-S1; Cervical sprain/strain with degenerative disc disease, Left shoulder sprain/Strain. Medications as at 05/22/2014: Norco, Gabapentin for Neuropathic pain; Trazodone (but not from WC as this had not been certified), Laxacin for constipation, Pristiq, Copaxone, Protonix, and Ibuprofen. Previous treatments include failed chiropractic therapy, failed acupuncture, 50 % improvement from Epidural steroid injection at L4-L5, and L5-S1. The steroid injection led to 50% reduction in Norco. At dispute is the request for Trazodone 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American College of Occupational and Environmental Medicine (ACOEM), 3RD Edition, (2011) Chronic Pain, page(s) Online Edition, http://apg-i.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAgUJUGFnZUluZGV4BQEwBQJTVAUJdHJhem9kb25llFgeFezFtRAxNPaKXq3JAamOmNY= 2. Medscape, http://reference.medscape.com/drug/oleptro-trazodone-d-342965.

Decision rationale: The injured worker sustained a work related injury on 08/27/2004. The medical records provided indicate the diagnosis of Low Back pain with Lumbar facet hypertrophy; Lumbar radiculopathy, currently asymptomatic; Multi-Lumbar degenerative disc disease with degenerative spondylosis and facet disease most pronounced at L4-L5 and L5-S1; Cervical sprain/strain with degenerative disc disease, Left shoulder sprain/Strain. Treatments have included Norco, Gabapentin, Trazodone, and Laxacin for constipation, Pristiq, Copaxone, Protonix, and Ibuprofen.The medical records provided for review do not indicate a medical necessity for Trazodone 100mg #30. The MTUS does not recommend Trazodone for chronic pain. The records reviewed reveal the injured worker has been using this medication as far back as 2010 for neuropathic pain and Insomnia. Although at a stage the injured worker was said to be suffered from depression, depression there was no mention of depression in later encounters with the doctors. Also, though Trazodone is an anti-depressive medication, the ACOEM guidelines strongly recommends against the use of Trazodone for treatment of chronic persistent pain without depression. Furthermore, the Food and Drug Administration has not approved Trazodone for treatment of any other condition besides approval as antidepressant. Therefore, the request for Trazodone 100mg #30 is not medically necessary.