

Case Number:	CM15-0001608		
Date Assigned:	01/12/2015	Date of Injury:	03/13/2006
Decision Date:	04/22/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35-year-old male sustained a work-related back injury on 3/13/2006. According to the progress notes dated 11/17/2014, the diagnosis is lumbosacral strain with underlying discopathy. He reports increased lower back pain. Previous treatments include medications, injections and walking. The treating provider requests Trazodone tab 100mg #30. The Utilization Review on 12/15/2014 non-certified Trazodone tab 100mg #30, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: The injured worker is being treated for chronic low back pain from lumbar degenerative disc disease. Records also indicate treatment for insomnia with trazodone 50 mg at

bedtime with favorable response and no significant side effects. ODG guidelines and recommends trazodone as an option for insomnia treatment for patients with potentially coexisting depression or anxiety. Further, the use of trazodone for insomnia as well as excepted as an off label use. Given the documented adequate clinical response, request is medically necessary.