

<b>Case Number:</b>	CM15-0003617		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 59 year old female suffered an industrial injury on 9/3/10 with subsequent ongoing neck, low back and left lower extremity pain. Treatment included medications, TENS unit and aquatherapy. Current diagnosis was axial neck pain due to tight muscles, low back pain with pain in left lower extremity due to chronic L5 radiculopathy, insomnia and depression. Work status was long term disability. In the most recent physician report, a PR-2 dated 4/4/14, the injured worker complained of daily pain at 8/10 improved by medications. The injured worker reported that the pain caused difficulty with standing and walking. Physical exam was remarkable for decreased range of motion to the lumbar spine. The physician requested a motorized scooter and continuation of medications (Tramadol, Norco, Flexeril and Gabapentin). On 12/12/14, Utilization Review noncertified a request for Trazadone 50mg # 60 and Protonix 20mg # 60. No guidelines were cited in the Utilization Review report. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness section, Trazodone

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #60 is not medically necessary. Trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are axial neck pain due to tight muscles; low back pain with pain in the left lower extremity due to chronic L5 radiculopathy, responding well to medications as well as aqua therapy; element of insomnia and depression. Subjectively, the injured worker complains of neck pain and low back pain. Back pain radiates to the left leg. Objectively, there is cervical and lumbar paraspinal muscle tenderness bilaterally. Trazodone was prescribed for insomnia. The treating physician prescribed trazodone as far back as October 15, 2012. The guidelines indicate trazodone is recommended as an option for insomnia only in patients with coexisting mild psychiatric symptoms such as depression or anxiety. There is no documentation of depression or anxiety in the medical record. There are no psychology or psychiatric progress notes in the medical record. Consequently, absent clinical documentation supporting the guidelines for coexisting mild psychiatric symptoms for Trazodone use, Trazodone 50 mg #60 is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer or G.I. bleeding; concurrent use of aspirin or steroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are axial neck pain due to tight muscles; low back pain with pain in the left lower extremity due to chronic L5 radiculopathy, responding well to medications as well as aqua therapy; element of insomnia and depression. Subjectively, the injured worker complains of neck pain and low back pain. Back pain radiates to the left leg. Objectively, there is cervical and lumbar paraspinal muscle tenderness bilaterally. The documentation does not contain comorbid conditions or past medical history compatible with risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin,

etc. Consequently, absent clinical documentation with risk factors for gastrointestinal events, Protonix 20 mg #60 is not medically necessary.