MAXIMUS Federal Services

Case Number:	CM15-0102522		
Date Assigned:	06/04/2015	Date of Injury:	10/28/2010
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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, Pain Management

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 sustained an industrial injury on 10/28/2010. He reported left leg pain. Treatment to date has included medications, x-rays, MRI, physical therapy and back surgery. According to the most recent progress report submitted for review and dated 03/19/2015, the injured worker had noticed increased back pain. He was still working and walking around. Standing was much better for him. When he sat on a prolonged basis or when he was bending and lifting, his pain increased. Pain was mostly increased in his low back. Over the past 30 days, his pain level was rated 7 on a scale of 1-10. He was still working about 18 to 20 hours at a golf course. When he used Percocet, his pain level was down to a 4 or 5. Percocet lasted 2-3 hours or longer. Current medications included Percocet, Ambien, Lexapro and Dexedrine. Diagnoses included post laminectomy syndrome, status post lumbar decompression from L2 to L5 in August 2012. Computed tomography scan in December 2010 showed spinal stenosis from L2 to L5, left-sided foraminal stenosis at L3-L4, L4-L5. MRI in December 2010 showed spinal stenosis at L2-L3 and L3-L4, disc height virtually gone at L2-L3. MRI of the lumbar spine on 01/18/2015 showed L4-L5 posterolateral disk protrusion producing left neuroforaminal stenosis and degenerative disk changes at L1-L2, L2-L3 and L3-L4. Diagnoses also included depression and anxiety due to chronic pain. The treatment plan included Percocet, Lexapro and Ambien. A urine drug screen from January 2015 was consistent. Work status included no lifting over 30 pounds. Currently under review is the request for Trazodone.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 107-108.

Decision rationale: In the case of this request, trazodone is an antidepressant that may be utilized for depression or insomnia. In the submitted medical records, it is not clearly documented as to what the indication for this medication is. Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. In this case, there are notes that indicate the patient already is an anti-depressant. Furthermore, there is documentation that the patient is on Ambien, according to the most recently submitted notes. Therefore, it is unclear why this medication is needed, and this request is not medically necessary.