MAXIMUS Federal Services

Case Number:	CM15-0103052		
Date Assigned:	06/05/2015	Date of Injury:	12/08/2009
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
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: North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 12/08/2009. He has reported injury to the low back. The diagnoses have included lumbar spondylosis without myelopathy; thoracic or lumbosacral radiculopathy; lumbar facet joint arthropathy; degenerative of lumbar intervertebral disc; status post lumbar laminectomy, in 2010; status post three-level lumbar fusion, in 2011; lumbar post-laminectomy syndrome; and chronic pain due to trauma. Treatment to date has included medications, diagnostics, physical therapy, spinal cord stimulator, and surgical intervention. Medications have included Norco, Gabapentin, Nortriptyline, and Trazodone HCl. A progress report from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of back pain; pain is moderate and occurs persistently; pain is in the middle back, lower back, and legs; pain is radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh, and right thigh; the pain is described as burning, piercing, and sharp; on average, the pain is rated as 5 in intensity on a scale from 0 to 10; symptoms are aggravated by bending, daily activities, standing, and walking; and symptoms are relieved by medications, reclining on a recliner, and the spinal cord stimulator. Objective findings included tenderness to the lumbar spine including spinous, paraspinous, gluteals, piriformis, quadratus, and sciatic notch regions; painful active range of motion of the lumbar spine; and severe restriction with extension. The treatment plan has included the request for Trazodone HCl 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia and depression. Therefore the request is medically necessary.