

Case Number:	CM15-0106302		
Date Assigned:	06/10/2015	Date of Injury:	07/14/2011
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 14, 2011. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve requests for trazodone and a follow-up visit. The claims administrator referenced a May 14, 2015 RFA form and associated progress note of May 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 23, 2015, Norco and Lunesta were endorsed. On March 10, 2015, the applicant reported ongoing complaints of low back and groin pain. The applicant was not working, it was reported. The applicant was still smoking, it was acknowledged. In addition to using Norco, the applicant was also using marijuana, Relafen, Neurontin, and tramadol, it was reported. The attending provider stated that the applicant was still having issues with insomnia and reported difficulty performing activities of daily living as basic as sitting, standing, lifting, twisting, and driving, it was reported. On April 7, 2015, the applicant again reported ongoing complaints of low back and groin pain. The applicant was on marijuana, Norco, Relafen, Neurontin, and tramadol, it was stated. The applicant was not working, it was acknowledged. Lunesta and Norco were endorsed, while the applicant was seemingly kept off of work. On May 5, 2015, the applicant was again placed off of work, on total temporary disability. Norco was renewed. The applicant received SI joint in the clinic. The applicant discontinued Lunesta and began trazodone for insomnia. 6-7/10 pain complaints were reported. The applicant was still using marijuana at this point, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Trazodone (Desyrell).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Yes, the request for trazodone (Desyrel) was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for a particular condition for which it has been prescribed into his choice of recommendations, so as to ensure proper usage and so as to manage expectations. Here, the attending provider stated that trazodone (Desyrel) has been introduced for insomnia on May 5, 2015. The request, thus, was framed as a first-time request for the same. ODG's Mental Illness and Stress Chapter trazodone topic notes that trazodone is the "mostly frequently prescribed insomnia agent." While ODG further notes that there is no clear-cut evidence to recommend trazodone as a first line treatment for insomnia and also states that other pharmacology therapy should be recommended before considering trazodone, in this case, it did appear that the applicant had in fact tried, considered, or failed numerous other treatments over the course of the claim, including Lunesta, which the attending provider contended had proven unsuccessful here. A trial of trazodone was, thus, indicated despite the tepid ODGs position on the same. Therefore, the first-time request for trazodone was medically necessary.

Follow up evaluation 4 wks after injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Similarly, the request for a follow-up visit was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for structure and reassurance purposes, even in those applicants who conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant did receive a SI joint injection on April 5, 2015. The applicant was using a variety of medications, including Norco, an opioid agent. The applicant was off of work, on total temporary disability. Obtaining a follow up visit, thus, was indicated on several levels including for medication management, disability management, and/or injection efficacy purposes. Therefore, the request was medically necessary.