

Case Number:	CM15-0106716		
Date Assigned:	06/12/2015	Date of Injury:	01/17/1996
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 1/17/96. She reported pain in her lower back. The injured worker was diagnosed as having low back pain, sciatica and right knee pain. Treatment to date has included lumbar epidural injections with no benefit, a lumbar MRI and a lumbar fusion. Current medications include Aspirin, Xanax, Cymbalta, Baclofen, Gabapentin and Trazodone (since at least 12/2014). As of the PR2 dated 5/6/15, the injured worker reports back pain that radiates down her right leg and also chronic right knee pain. Objective findings include less strength to extension on resistance, normal gait and weakness on the right foot when attempting to toe stand. The treating physician requested to continue Trazodone 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version - Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Trazodone (Desyrel). ODG Pain (Chronic) Insomnia treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that there is limited evidence to support the use of Trazodone for insomnia. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. Medical records indicate the long-term use of Trazodone. The patient sustained an injury on 01/17/96. The progress report dated 12/11/14 documented that the patient had subjective complaints of low back pain, sciatica, and right knee pain. Current medications included Trazodone 50 mg two tablets at bedtime. Trazodone 50 mg #180 was requested. Medical records document the long-term use of Trazodone, which is not supported by ODG guidelines. Therefore, the request for Trazodone 50 mg #180 is not medically necessary.