MAXIMUS Federal Services

Case Number:	CM15-0019630		
Date Assigned:	02/09/2015	Date of Injury:	07/03/2009
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 07/03/2009 while lifting heavy cooler boxes during 1 of his deliveries for a bakery while at work. He has been diagnosed with post-laminectomy syndrome of the lumbar region, lumbar facet joint pain, lumbosacral spondylosis without myelopathy, postsurgical arthrodesis status degeneration of lumbar or lumbosacral intervertebral disc, sciatica, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis lumbar region, chronic pain syndrome, myalgia, and myositis. The patient's most recent diagnoses included mood disorder. The patient has been treated with outpatient psychiatric visits 40 minutes once monthly for 6 months and attended additional psychological counseling for 3 months. Latuda (80 mg once daily), Morphine sulfate (15 mg twice a day), Percocet (10 mg 4 times a day), Levothyroxine (88 mcg daily), Simvastatin (40 mg daily), Omeprazole for gastroesophageal reflux disease, Diazepam (10 mg daily), Valium (5 mg twice daily). The patient has also attempted treatment with MS Contin, and Oxycodone. From 2011 to 2012, the injured worker attempted relief of depression with Lithium, Trazodone (for "sleep stop"), and Depakote in combination with Prozac. Patient received initial treatment via occupational medicine and subsequently orthopedic evaluation for an anterior posterior fusion on 01/31/2010. The patient received physical therapy for a few months. The injured worker is under pain management treatment currently. The injured worker reported current psychiatric medications to be working well. Diagnostics included CT of the lumbar spine without contrast on 04/07/2014 for lumbar spondylosis, which showed a fairly stable exam showing degenerative and postoperative changes of the lumbar spine. Back surgery was performed in 2011. No other

documentation provided regarding that surgery. As previously noted, the injured worker suffers from chronic low back pain and loss of functional capacity due to his injury. He manifests multiple symptoms of major depression, including feeling depressed and most of the time anhedonia, low energy, apathy, impaired ability to concentrate, sleep, and appetite disturbances. He also reports current recurrent panic attacks about once a month. The patient was suspected to have a diagnosis of bipolar disorder induced by the antidepressant Prozac. Objectively, the patient's mental status exam revealed a well-groomed, well-dressed man appearing his stated age, cooperative with good eye contact and fluid speech, with a mood that was mild to moderately depressed and anxious where affect was congruent and appropriate. He denied suicidal ideation, homicidal ideation, and auditory or visual hallucinations. His thought process is linear and goal directed and thought content centered on his chronic pain and disability. Initial PHQ-9 depression inventory scale intake was 24, indicative of severe depression. He rated his current level of depression on a subjective analog scale as 5/10 maximum

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100 mg #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed., Mosby, Inc. p. 230, 460.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Trazodone.

Decision rationale: Ca MTUS/ACOEM guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. According to the Official Disability Guidelines, evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. Since there are no established guidelines in terms of dose and length of treatment of trazadone for insomnia, other therapies are recommended before use of trazadone. Furthermore, the request includes two refills of this medication and an interval where evaluation of medication efficacy should be provided since there is no documentation of patient's recent medical status. As such, medical necessity for the use of trazodone is not medical necessity.