

Case Number:	CM15-0131583		
Date Assigned:	07/17/2015	Date of Injury:	02/17/2006
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii

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 38 year old male, who sustained an industrial injury on 2/17/06. The injured worker has complaints of lower backache. The documentation noted range of motion is restricted. The documentation noted on palpation, paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Straight leg raising test is positive on both the sides in sitting at 65 degrees and in supine position. The diagnoses have included lumbar disc displacement; lumbar radiculopathy and low back pain. Treatment to date has included injections; oxycontin; percocet; trazodone; topamax; lumbar microdiscectomy at the bilateral L3-L4 level and magnetic resonance imaging (MRI) of the lumbar spine showed degenerative changes at L3-4 through L5-S1 (sacroiliac). The request was for trazodone 50mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone.

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

Decision rationale: The patient presents with low back pain and insomnia. The current request is for Trazodone 50mg #30 with 1 refill. The treating physician states in the report dated 6/24/15, "Trazodone 50mg Tablet SIG tale 2 at bedtime as needed QTY: 30.00 Ref: 1". (16B) The ODG guidelines state, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety". In this case, the treating physician has documented that this medication is helping with the patient's insomnia and depression and this medication is supported by the ODG guidelines. The current request is medically necessary.