MAXIMUS Federal Services

Case Number:	CM15-0138252		
Date Assigned:	07/28/2015	Date of Injury:	04/03/2006
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with an industrial injury dated 04/03/2006. The injured worker's diagnoses include bilateral L4-5 and L5-S1 Radiculopathy with lower extremity weakness, central focal lumbar disc protrusions with posterior disc displacement from midline, central lumbar annular disc bulge with posterior disc bulge from midline, sacroiliac (SI) joint pain, Lumbar sprain/strain and lumbar degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, sacroiliac (SI) joint injections, sacroiliac joint radiofrequency nerve ablation, lumbar transforaminal epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 06/05/2015, the injured worker reported bilateral low back pain the injured worker also reported fifty percent improvement since lumbar transforaminal epidural steroid injection (ESI). Objective findings revealed restricted lumbar range of motion with pain in all directions, tenderness to palpitation of the bilateral sacroiliac (SI) joint, right worse than left, positive lumbar discogenic provocative maneuvers, antalgic gait and decreased sensation in the right L5 dermatome of the right leg. Treatment plan consisted of medication management, injection, and follow up visits. The treating physician prescribed Trazodone 50mg #30 with 1 refill now under review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2006. When seen, there had been a 50% improvement after bilateral transforaminal epidural injections. Decreased and painful lumbar spine range of motion with bilateral sacroiliac joint tenderness. Sacroiliac joint testing was positive. There was an antalgic gait with decreased lower extremity strength and sensation. Current medications listed include Ambien. Trazodone was prescribed for insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Ambien was also being prescribed for the same reason and prescribing trazodone would be duplicative. It was not medically necessary.