

Case Number:	CM15-0139402		
Date Assigned:	07/29/2015	Date of Injury:	08/20/2013
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 61 year old female, who sustained an industrial injury on August 20, 2013. She reported low back pain. The injured worker was diagnosed as having status post lumbar surgical intervention, lumbar disc disorder, lumbar radiculopathy and low back pain. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, lumbar epidural steroid injection, physical therapy, medications and activity restrictions. Currently, the injured worker continues to report low back pain, sleep disruptions, decreased sensation in the left great toe and sacroiliac pain radiating to the left lower extremity. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued sleep disruptions secondary to pain. Trazodone was continued. Evaluation on April 22, 2015, revealed continued sleep disruptions occasionally. Trazodone was continued. Evaluation on May 7, 2015, revealed continued pain rated at a 5 on a 1-10 scale with 10 being the worst while using medications and at 9 on a 1-10 scale with 10 being the worst when not using medications. She reported her sleep was occasionally disrupted by pain. Magnetic resonance imaging of the lumbar spine revealed new right paracentral lumbar 2-3 disc extrusion extending to caudal and to the lateral recess affecting the descending right lumbar 3 root. There was no definite evidence of left sided neural impingement and no significant residual stenosis post anterior lumbar 5 through sacral 1 fusion in good alignment. Trazodone was continued for sleep. Trazodone 50mg quantity 30 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg quantity 30: Upheld

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 and Stress, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress/mental chapter under Trazodone.

Decision rationale: The 61 year old patient is status post lumbar decompression of L4-5, bilateral medial facetectomies at L4, L5 and S1, and exploration of lumbar fusion at L5-S1, per operative report dated 06/01/15. The request is for TRAZODONE 30mg QUANTITY 30. The RFA for this case is dated 06/08/15, and the patient's date of injury is 08/20/13. The patient is also status post bilateral carpal tunnel syndrome, status post right knee arthroscopy, status post lumbar fusion on 01/16/13, and status post left ankle fracture, as per progress report dated 04/22/15. Diagnoses included lower back pain, lumbar radiculopathy and lumbar disc disorder. Medications included Soma, Trazodone and Oxycodone-acetaminophen. The patient is disabled retired, as per the same progress report. ODG Guidelines stress/mental chapter under Trazodone, has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, a prescription for Trazodone is first noted in progress report dated 03/10/15, and it appears that the patient has been taking the medication consistently since then. The patient did have poor sleep secondary to pain. However, in progress report dated 05/07/15, the treater states that her sleep is improved secondary to the pain control she receives from her medications. The patient is able to sleep quickly and stay asleep during the night, as per the same report. The treater does not explain why the patient needs insomnia medication now. Additionally, ODG supports the use of this medication in patients with insomnia and coexisting depression, and there is no specific diagnoses of depression this patient. Hence, the request IS NOT medically necessary.