

Case Number:	CM15-0139753		
Date Assigned:	08/20/2015	Date of Injury:	05/08/2005
Decision Date:	09/29/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 05-08-2005 resulting in injury to the back. Treatment provided to date has included: lumbar fusion surgery, physical therapy, injections, medications, and conservative therapies/care. Recent diagnostic testing has include: electromyogram and nerve conduction study (04-2015) showing probable sensorimotor polyneuropathy of mixed type noted to be significantly worsened since previous test in 2011. Comorbidities included hypertension, COPD, and multiple myeloma. There were no other dates of injury noted. On 06-19-2015, physician progress report noted improved pain as the injured worker had just received bilateral lumbar epidural steroid injections at 2 levels on 06-18-2015. There was no pain rating reported. Additional complaints included issues with sleep; however, the injured worker denied depression. Current medications include MS Contin and Norco which was prescribed by his oncologist. It was noted that the injured worker was receiving medications from his orthopedic surgeon as well, but these were not filled. It was also noted that his primary care physician had prescribed Percocet due to a broken collar bone. Due to this, the treating physician (orthopedic surgeon) stated that he would not be prescribing pain medications to the injured worker as this was going to be controlled by his oncologist. Other medications included Flexeril as needed for muscle spasms and trazodone for sleep. The physical exam revealed a more fluid gait and even pace with the use of a cane, and lumbar flexion to 30° and extension to 20°. The provider noted diagnoses of discogenic lumbar condition (status post fusion) with radiation of pain along the lower extremities, and chronic pain associated with element of sleep. Plan of care includes prescription refills for trazodone for sleep

issues, naproxen for inflammation, Protonix to buffer stomach and Flexeril for spasms, and follow-up in 4 weeks. The injured worker's work status is retired. The request for authorization and IMR (independent medical review) includes: Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg, sixty count: 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), Mental Illness & Stress Chapter.

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).

Decision rationale: The ODG states that Trazodone is only recommended for insomnia in patients with coexisting mild depression and anxiety. In this case, the medical records provided does not indicate any coexisting depression. On 6/14/2015 a request for Trazodone was modified for the purposes of weaning. There is no discussion of the efficacy of this medication. Therefore the request is deemed not medically necessary or appropriate.