

Case Number:	CM15-0160444		
Date Assigned:	08/26/2015	Date of Injury:	07/04/2010
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 32 year old male who sustained an industrial injury on 7-4-10 when he moved a patient from a wheelchair to a bed resulting in an acute herniated disc at L4-5 and L5-S1 which led to a hemilaminectomy, discectomy eight months later. He currently complains of ongoing debilitating low back pain radiating down both lower extremities, left greater than right. On physical exam there was tenderness on palpation of the lumbar spine and sciatic notch region with trigger points and taut bands throughout, decreased range of motion, positive straight leg raise on the right. Medications were Norco, Seroquel, Anaprox, Neurontin, Flexeril, Prilosec, Cymbalta, Wellbutrin, Trazadone, Senokot, Doral. On 7-23-15 he had a urine drug screen which was consistent with prescribed medications. Diagnoses include left hemilaminectomy, foraminotomy, discectomy (3-3-11) post laminectomy syndrome, status post percutaneous placement of neuro spinal cord stimulator trial lead; depression with suicidal attempts (per 7-23-15 note); cervical disc herniation; sleep disturbances; medication induced gastritis. Treatments to date include spinal cord stimulator with 60% relief of low back pain and radicular symptoms; medications (Norco six per day) with 30-40% relief for 4 hours; physical therapy; medications; psychological therapy; detoxification rehabilitation program; chiropractic treatments; acupuncture; epidural steroid injection. Diagnostics include electromyography, nerve conduction study of the lower extremities (9-22-14) showed acute left L5 radiculopathy; MRI of the lumbar spine (2-11-14) showed disc protrusions; MRI of the lumbar spine (9-13-11 six months post laminectomy) revealed severe central and foraminal stenosis; electromyography, nerve conduction study of the lower extremities (9-22-11) showed bilateral L4 and L5 radiculopathy.

In the progress note dated 7-23-15 the treating provider's plan of care included a request for Trazadone 100mg #90 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 100 mg #90 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are failed left hemilaminectomy foraminotomy and discectomy L4 - L5 and L5 - S1; cervical disc herniation; reactionary depression/anxiety with sleep disturbance; and medication induced gastritis. Date of injury is July 4, 2010. Request authorization is July 29, 2015. The earliest progress note in the medical record dated January 20, 2015 shows the treating provider prescribed Trazodone 100 mg three at bedtime. According to the most recent progress note dated July 23, 2015, the injured worker status post low back surgery. The documentation states the injured worker is on Seroquel for sleep. Additional medications include Norco six tablets per day, Anaprox, Neurontin, Flexeril, Cymbalta, and Doral 15 mg is being prescribed for sleep. The documentation does not demonstrate objective functional improvement with Trazodone as it relates to sleep, depression or anxiety. Additionally, the treating provider has not prescribed Doral 15 mg as a sleep aid. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Trazodone and a prescription for a sleep aid (Doral), Trazodone 100 mg #90 is not medically necessary.