

Case Number:	CM15-0163549		
Date Assigned:	08/31/2015	Date of Injury:	08/13/2004
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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, 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 56 year old female who sustained an injury on 8-13-04 resulting when she was attempting to lift a box with a large microwave oven in it. This was done with a co-worker who apparently dropped her end and the IW was pulled over as the article fell. She felt something pull in her back and had sudden onset back pain. The work performed by the IW involves repetitive use of the upper extremities and repetitive bending; lifting could be 50-100 pounds. Diagnoses include status post disc herniation, L5-S1; degenerative disc disease, L3-4, L4-5 and L5-S1; status post anterior L4-S1 lumbar discectomy and Interbody fusion followed by instrumented posterolateral fusion; probable sleep disorder secondary to chronic pain. Medications prescribed include Vicodin and Baclofen 10 mg. Diagnostic tests include X-ray lumbar spine, cervical spine, and MRI lumbar spine; lumbar discogram; Treatment included lumbar spine epidural injections, multiple surgeries, physical therapy and pain medication. IW has been treated through the Advanced Physical Medicine and Rehab Group and prescribed Norco 10-325 mg every 4 - 6 hours and Trazodone at night. An examination on 5-13-15 reports increasing the medication concentration of Lyrica to 100 mg to be taken at night and the IW will be able to tolerate sleeping as well as provide adequate pain control. Medication listed are Hydrocodone-acetaminophen 10-325 mg, 1 tablet every 6-8 hours, Trazodone 50 mg tablet, 1 tablet at bedtime and Lyrica 50 mg 1 tablet at bedtime. On 5-14-15 an Electrodiagnostic study was performed that shows evidence for a bilateral L5 radiculopathy and no evidence for a peripheral neuropathy. Currently requested treatment includes Trazodone 50 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #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 (ODG), Mental Illness & Stress, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants 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 50 mg #30 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 workers working diagnoses are status post disc herniation L5 - S1; degenerative disc disease L3 - L4, L4 - L5 and L5 - S1; status post anterior L4 - S1 lumbar discectomy and interbody fusion with instrumentation; probable sleep disorder secondary to chronic pain. Date of injury is August 13, 2004. Request for authorization is July 17, 2015. The documentation shows trazodone was prescribed as far back as February 2015. The most recent progress note dated July 9, 2015 shows the injured worker subjectively has low back pain that radiates to the feet. Pain score is 8/10. The injured worker has poor sleep with headaches. This is the sole reference to sleep disorder in the medical record. The injured worker takes trazodone 50 mg one at bedtime. There is no documentation of anxiety or depression or other coexisting mild psychiatric symptoms. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement and no documentation of coexisting mild psychiatric symptoms of depression and/or anxiety, Trazodone 50 mg #30 is not medically necessary.