

Case Number:	CM15-0163772		
Date Assigned:	09/01/2015	Date of Injury:	01/31/2003
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
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

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 (IW) is a 41 year old female who sustained an industrial injury on 01/31/2003. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Post lumbar laminectomy syndrome, Low back pain, Fibromyalgia and myositis not otherwise specified, Spasm of muscle, Mood disorder, Urinary Incontinence. Treatment to date has included medications, surgeries, psychiatric care. Currently, the injured worker complains of a lower back ache and poor quality of sleep. The worker has been on the same dose for a long time and states that her pain medication is not as effective as it once was. Objectively, the worker does not show signs of intoxication or withdrawal. The lumbar spine has surgical scars. Range of motion is restricted and the exam is very limited to pain and guarding. On palpation, there is allodynia on both sides of the paravertebral muscles. The spinous process is likewise tender and the exam is limited due to pain and guarding. The worker's current medications include Senna, clonazepam, Dexilant DR, Dilaudid, Morphine sulfate CR, Promethazine, Ranitidine, Soma, Trazodone, and Wellbutrin. The worker's urine drug screen of 05/19/2015 showed morphine present, but Dilaudid was not detected. The worker states she was nauseated and did not take Dilaudid but needs to take daily to remain functional and get out of bed in the morning. A discussion of opioid medication was held with the worker. Medications were continued as ordered. According to the chart notes, the worker lists Trazodone under "failed meds" with the comment:"did not work". The plan of care is for refills of present medications, referral to a psychiatrist with whom she is familiar, and

refill of Trazodone. A request for authorization was submitted for Trazodone 100mg 2.5 Tab at bedtime #75 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg 2.5 Tab at bedtime #75 with 1 refill: 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 (Desyrel); Pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia.

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician, this patient presents with unchanged low back pain. The treater has asked for trazodone 100mg 2.5 tab at bedtime #75 with 1 refill on 8/4/15. The request for authorization was not included in provided reports. The patient is s/p L3-S1 fusion from 10/21/08, SCS trial from 8/18/11 which worsened pain, trigger point injection, physical therapy, acupuncture, and TENS unit, all with no relief. The patient is s/p psychotherapy, which provided good relief per 5/19/15 report. The patient's current medications include Senna, Clonazepam, Dexilant, Dilaudid, Morphine Sulfate, Promethazine, Ranitidine, Soma, Traxodone, and Wellbutrin per 5/19/15 report. The list of current medications includes Trazodone per 8/4/15 report. The patient's work status is permanent and stationary as of 8/4/15. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. ODG guidelines Pain Chapter, under Insomnia: Sedating antidepressants (e.g., Amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In regard to the continuation of Trazodone, the request is not appropriate. This patient has been prescribed Trazodone before, as it is on the list of failed sleeping aids including Temazepam, Lunesta, Ambien, Restoril, Valium, Xanax, and Doxepin in 5/19/15 report. The 5/19/15 report states that "Trazodone did not work." This patient presents with chronic lower back pain and mood disorder. It is not known when patient began taking Trazodone, but according to progress note dated 8/4/15, Trazodone is one of patient's current medications. However, none of the reports mention its effectiveness. Given the lack of a discussion concerning this request, and the fact that the patient has failed this medication before, the request for continuation of Trazodone IS NOT medically necessary.