Case Number:	CM15-0169688		
Date Assigned:	09/10/2015	Date of Injury:	12/12/2000
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California
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 55 year old male, who sustained an industrial injury on December 12, 2000. He reported low back pain, bilateral hip pain, bilateral buttock pain and bilateral lower extremity pain. The injured worker was diagnosed as having post-laminectomy syndrome, opioid type dependence, lumbosacral spondylosis without myelopathy, depressive disorder and insomnia. Treatment to date has included Diagnostic studies, surgical intervention, epidural steroid injection (ESI), conservative care, medications and work restrictions. Currently, the injured worker continues to report low back pain, bilateral hip pain, bilateral buttock pain and bilateral lower extremity pain with associated muscle spasms and sleep difficulties. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 27, 2015, revealed continued pain with associated symptoms as noted. It was noted the physical exam remained unchanged since the previous visit. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Medications were continued including Trazodone and Zantac. Evaluation on July 27, 2015, revealed continued pain as noted. He reported no adverse effects and denied nausea, vomiting, constipation or other gastrointestinal abnormalities. He reported the pain had increased since the last visit. He rated his pain at 7 on a 1-10 scale. It was noted the physical exam was unchanged since the last visit. The RFA included requests for Trazodone and Zantac and was non-certified on the utilization review (UR) on July 31, 2015.

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 (Desyrell).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the claimant did have chronic pain that would justify the use of Trazodone; however, the claimant was on Trazodone for several months without significant improvement in pain or comments on pain score reduction with use of medication. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. The continued use of Trazodone is not medically necessary.

Zantac 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Zantac is an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Zantac is not medically necessary.