

Case Number:	CM15-0181487		
Date Assigned:	09/22/2015	Date of Injury:	04/02/2013
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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-work injury on 4-2-13. He reported initial complaints of back pain. The injured worker was diagnosed as having status post right L5-S1 laminotomy and foraminotomy and left L5 discectomy from lower back pain and lumbar-thoracic radiculopathy, and chronic pain syndrome. Treatment to date has included medication, diagnostics, surgery, and physical therapy. Currently, the injured worker complains of continuous lower back pain that was described as sharp and stabbing with residual pain that radiated down the length of both legs into the toe. It was worse with prolonged walking, standing, and sitting and worse in the morning upon wakening. Medication made it better and pain was 8 out of 10 without medication and 5-6 out of 10 with medication. Meds included Flexeril, Gabapentin, Tramadol, Tramadol ER, and Trazodone. Per the orthopedic examination on 6-25-15, exam revealed no tenderness to the cervical spine and range of motion was normal. Shoulders, elbows, and thoracic spine had normal range of motion and sensation. The lumbar spine had a healed surgical scar, tenderness at the L4-5 level lateral to the midline, range of motion at 75% of normal. The lower extremities noted straight leg raise to 60 degrees on the right and 75% on the left. Knee and ankle reflexes are absent. The Request for Authorization requested service to include Trazodone 50mg #60 over 30 days. The Utilization Review on 9-5-15 denied the request for Trazodone because it was not considered medically necessary per the CA MTUS (Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment 2009 and Official Disability Guidelines (ODG), Pain (Chronic) - Trazodone (Desyrel).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60 over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "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 (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review indicates that pain interrupts sleep for which Trazodone has been somewhat helpful. However, the injured worker does not have coexisting depression. Furthermore, the medical records indicate that the injured worker has been using Trazodone since at least 4/2015. As medications for insomnia treatment are not recommended for long-term use, the request is not medically necessary.