

Case Number:	CM15-0187987		
Date Assigned:	09/29/2015	Date of Injury:	05/25/2003
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 76 year old male who sustained an industrial injury on 5-25-03. The injured worker reported "no new problems or side-effects." A review of the medical records indicates that the injured worker is undergoing treatments for low back pain post lumbar laminectomy syndrome. Medical records dated 7-14-15 indicate pain rated at 3 out of 10. Records dated 7-14-15 indicate the injured worker "continues to volunteer and is independent with ADLS and able to perform light house chores easier with medications." Treatment has included Trazodone, Oxycodone since at least March of 2015, lumbar spine magnetic resonance imaging (2-2-06). Objective findings dated 7-14-15 were notable for restricted lumbar range of motion, difficulty with standing on heels, "no tenderness noted over the entire spine." The treating physician indicates that the urine drug testing result (1-19-11) positive for opiates. The original utilization review (9-22-15) denied a request for Trazodone 150 milligrams quantity of 30 With 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg #30 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury in May 2003 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome. In July 2015, Ambien was discontinued and Trazodone was prescribed for insomnia. His sleep was fair. When seen, he had increased the dose from 50 mg to 150 mg. His sleep was still fair. Physical examination findings included a slow and wide based gait. There was decreased lumbar range of motion with decreased lower extremity sensation. The claimant's body mass index is over 35. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Ambien had been prescribed previously for the same reason and that medication as well as Trazodone at this dose appears to have made no difference in terms of the claimant's sleep. The request is not medically necessary.