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| Case Number: | CM15-0188447 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 12/08/2009 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/24/2015 |
| 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: Texas, 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 43 year old female, who sustained an industrial injury on 12-8-2009. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, low back pain and foot pain. A recent progress report dated 9-10-2015, reported the injured worker complained of low back pain and left ankle pain, rated 3 out of 10 without medications and 1 out of 10 with medications. The injured worker reported poor quality of sleep and has a pending sleep study. Physical examination revealed pain restricted range of motion with normal flexion, left sided muscle spasm, tenderness and tight muscle band and left trochanter tenderness. The patient has had positive facet loading test and positive SLR. Treatment to date has included physical therapy, Trazodone (since at least 2-19-2015), Ultracet, Flector patch, Ibuprofen and Famotidine. Other medication list includes Lorazepam, and Senokot. On 9-16-2015, the Request for Authorization requested Trazodone 50mg #30 with 1 refill. On 9-24-2015, the Utilization Review modified the request for Trazodone 50mg #30 with 1 refill to #30 with no refills. The patient has had EMG of lower extremity on 1/5/11/ that revealed lumbar radiculopathy. Patient had received lumbar ESI for this injury. The patient has had MRI of the lumbar spine on 4/7/2010 that revealed disc protrusions and degenerative changes. The patient has had history of anxiety and had psychiatric consultations. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #30 with 1 refill: Overturned

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): Antidepressants for chronic pain.

Decision rationale: Request: Trazodone 50 mg #30 with 1 refill. Trazodone is tetra cyclic antidepressant which is partially similar to a tricyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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. (Saarto-Cochrane, 2005)" The patient has had diagnoses of lumbar radiculopathy, low back pain and foot pain. A recent progress report dated 9-10-2015, reported the injured worker complained of low back pain and left ankle pain, rated 3 out of 10 without medications and 1 out of 10 with medications. The injured worker reported poor quality of sleep and has a pending sleep study. Physical examination revealed a positive SLR. The patient has had EMG of lower extremity on 1/5/11/ that revealed lumbar radiculopathy. The patient has had MRI of the lumbar spine on 4/7/2010 that revealed disc protrusions and degenerative changes. So the patient has objective evidence of nerve related pain. Trazodone is medically indicated in such a patient. In addition, the patient has had a history of anxiety and had psychiatric consultations. The patient has anxiety and difficulty in sleeping. The sedative and antidepressant effects of Trazodone are additional useful benefits in this patient. The request for Trazodone 50 mg #30 with 1 refill is medically necessary and appropriate for this patient.