

Case Number:	CM15-0191363		
Date Assigned:	10/05/2015	Date of Injury:	09/27/1991
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 56 year old female with a date of injury on 09-27-1091. The injured worker is undergoing treatment for lumbar radiculopathy status post lumbar fusion, chronic pain syndrome, failed back syndrome, myofascial syndrome, status post right knee surgery x 2, neuropathic pain, and chronic pain related insomnia. She is under a lot of stress with her job and stress influences her pain. In a note dated 06-16-2015 documents the Tramadol helped with headaches, and her nausea is also better. Her sleep is broken with her waking up every few hours during the night, and she has been suffering with insomnia for many years. She states she is feeling good and has more energy. Her low back pain increases with when she is active and on her feet for long periods, and it radiates to her mid back and into the left hip area. She has some nausea, drowsiness, indigestion and headache. Her pain score is 4-5 out of 10 at this time. Her lumbar spine ROM is relatively normal but flexion causes discomfort going in the left side of her hip and buttock. There is tenderness over the L5 spinous process, and there is moderate tenderness to deep palpation over the left hip and pelvis. A physician progress note dated 08-11-2015 documents the injured worker complains of low back pain and muscle spasms along with headaches. The Buprenorphine controls her nerve pain. Gabadone is helping but she is still waking up after a few hours and then cannot get back to sleep. She continues to work. Treatment to date has included diagnostic studies, medications, status post lumbar fusion, and status post right knee surgery x 2, NESP-R program. The Request for Authorization includes Buprenorphine, Colace, Celebrex, GABA, Compazine, Nattokinase, EHTP, Flexeril, Gabadone, and Trazodone. On 09-10-2015 Utilization Review non-certifies the request for Trazodone 50mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment, Official Disability Guidelines Mental Illness and Stress Chapter, Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: Recommended. 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. For peripheral neuropathic pain, the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. The medical records provided for review indicate a condition of neuropathic pain and as such, TCA-trazodone is medically necessary.