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| Case Number: | CM15-0192516 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 06/28/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 46 year old male, who sustained an industrial injury on 6-28-13. The injured worker was diagnosed as having lumbar spinal stenosis; sciatica; pain in joint ankle foot; long-term use of medications NEC; pain psychogenic NEC. Treatment to date has included physical therapy; epidural steroid injections; medications. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker complains of low back pain. The provider documents "He continues to have significant back pain with radiation into the lower extremities. He has difficulty with sitting and standing for more than a few minutes at a time and is constantly changing position, often laying down on the table for a few minutes and then getting back up again. He states he has never heard back regarding getting and extension for the lumbar epidural steroid injection. He was previously scheduled for this but could not make the preoperative appointment because of pain and ended up having to cancel the LESI. He still has not been able to get the Hysingla ER. He states that he also has trouble getting the Lyrica. He states that he has not had any Lyrica at all this past month. The Lyrica did previously help to reduce the pain, numbness, and tingling in his leg. He did receive hydrocodone and has been using this for pain relief in the place of Hysingla. We requested a prescription of Norco, Etodolac 300mg, Gabapentin 600mg, DSS 250mg, Omeprazole 20mg and Trazodone 50mg, however our request has been denied due to the reasons mentioned above." The PR-2 notes dated 8-4-15 indicated the injured worker was in the office for a follow-up visit for his low back pain. He also has left ankle pain from another industrial injury on 6-8-13. The provider documents same to similar

documentation and examination with his justification for the requested medications including Trazadone. The documentation does not include when this drug was first prescribed. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-9-15 and non-certification for Trazodone 50 mg Qty 30 (retrospective date of service 8-4-15). A request for authorization has been received for Trazodone 50 mg Qty 30 (retrospective date of service 8-4-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 30 (retrospective DOS 08/04/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Antidepressants.

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

Decision rationale: Regarding Trazodone, the above-cited guidelines say: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." The medical documentation provided does not indicate this patient has been diagnosed with a coexisting mild psychiatric syndrome as outlined in the guidelines above. As such, the request for Trazodone 50 mg Qty 30 (retrospective DOS 08/04/15) is not medically necessary.