MAXIMUS Federal Services

Case Number:	CM15-0193887		
Date Assigned:	10/08/2015	Date of Injury:	11/03/2002
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 11-3-2002. The injured worker is undergoing treatment for: lumbar spondylosis and lumbar radiculopathy. On 8-24-15, and 9-21-15, she reported abdominal pain and nausea. She is noted to be using a front wheel walker and developing a right lower extremity weakness, and unsteady gait. The provider reported that she averages 6-7 hours of sleep per night with the use of Trazodone, and without Trazodone she would average 3-4 hours of sleep per night. Her pain is rated 3-4 out of 10 with medications and 8 out of 10 without medications. The provider also noted that she ambulates with a single point cane. Objective findings revealed tenderness and positive straight leg raise test on the right lumbar and range of motion testing is noted to be deferred. Her right knee is noted to have diffuse tenderness and slight swelling, reduced ranged of motion and difficulty tolerating McMurray's testing. There is no current discussion of her reporting issues with sleep. The treatment and diagnostic testing to date has included: CT scan of the abdomen (6-16- 14), blood work (dates unclear), medications, electrodiagnostic studies (8-1-14), abdominal ultrasound (6-10-14), echocardiogram (11-3-14), magnetic resonance imaging of the lumbar spine (4-1-14).Medications have included: Opana, Oxycodone, Senna, Colace, Trazodone, Zoloft, Lactulose, and Benazepril. Current work status: permanent and stationary. The request for authorization is for: Trazodone 50mg quantity 30 with 2 refills. The UR dated 9-22-2015: modified certification of Trazodone 50mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #30 with 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, stress/mental chapter, Trazodone.

Decision rationale: The patient presents with chronic low back pain with radicular symptoms to her right lower extremity. The current request is for Trazodone 50mg, #30 with 2 refills. The treating physician's report dated 09/21/2015 (12A) indicates that the patient has been previously prescribed Trazodone 50mg qhs for situational depression and pain related insomnia. It is reported that there is 60-70% reduction of symptoms with medication usage. ODG Guidelines stress/mental chapter, for Trazodone, has the following to 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." In this case, the patient has been stable on Trazodone, the ODG guidelines support the usage of this medication and the physician has documented functional improvement with the usage of Trazodone. The current request is medically necessary.