

Case Number:	CM15-0195695		
Date Assigned:	10/09/2015	Date of Injury:	02/14/2014
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 52 year old, female who sustained a work related injury on 2-14-14. A review of the medical records shows she is being treated for lower back pain. Treatments have included lumbar epidural steroid injections on 1-7-14, 4-16-15, and 6-10-15, a radiofrequency ablation in 1-2015, physical therapy and medications. Current medications include Gabapentin. In the progress notes, she reports the symptoms are stable. In the objective findings dated 7-20-15, she has decreased and painful range of motion in lumbar spine. She has tenderness on palpation of lumbar paraspinal muscles with muscle spasms. The provider in this note states "there have been no improvements in her condition." She is on temporary total disability. The treatment plan includes continuing medication and monitoring and management of her care. There is no medical record available to review for the requested treatment of Trazodone. In the Utilization Review dated 9-15-15, the requested treatment of Trazodone 50mg. #30 with 1 refill is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 Mental Illness & Stress, Trazodone (Desyrel).

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 & Stress/ Trazodone (Desyrel).

Decision rationale: Per ODG, Trazodone (Desyrel): Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. To date, there has been only one randomized, double blind, placebo-controlled trial studying Trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with Trazodone and Zolpidem during week one, but during week two the Trazodone group did not differ significantly from the placebo group whereas the Zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998). 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 (Mendelson, 2005). The injured worker is being treated for lower back pain. There is no clear information regarding the symptoms for which Trazodone is being prescribed, the length of time that she has been taking it, any evidence of objective improvement in signs/symptoms with this medication. Based on the lack of above needed information, the request for Trazodone 50mg #30 refill: 1 is not clinically indicated. Therefore the request is not medically necessary.