

Case Number:	CM15-0196599		
Date Assigned:	10/12/2015	Date of Injury:	06/14/2000
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 70 year old male, who sustained an industrial injury on 6-14-00. Medical records indicate that the injured worker is undergoing treatment for lumbar disc disorder, lumbar radiculopathy, low back pain and post-lumbar laminectomy syndrome. The injured worker was noted to be permanent and stationary and not currently working. On (9-18-15) the injured worker complained of low back pain rated 5 out of 10 with medication and 10 out of 10 without medication on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles, tight muscle bands bilaterally and a decreased range of motion. Lumbar facet loading was positive on both sides. Tenderness was also noted over the sacroiliac spine. Subsequent progress reports (7-24-15 and 4-3-15) noted that the injured workers quality of sleep was poor. Treatment and evaluation to date has included medications, CT scan, urine drug screen, epidurals, H-Wave unit, transcutaneous electrical nerve stimulation unit, home exercise program and a lumbar fusion. Current medications include Trazadone (since at least January of 2015), Voltaren 1% gel, Duragesic, Norco, Singular, Spiriva, Synbicort inhaler, Androgel packet, Aspirin 81 mg, Brilimta, Metoprolol and Pravastatin. The current treatment request is for Trazadone 100 mg # 60 with 3 refills. The Utilization Review documentation dated 9-25-15 modified the request to Trazadone 100 mg # 60 with 0 refills (original request 3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." With regard to medication history, the injured worker has been using this medication since at least 1/2015. The documentation submitted for review indicates that the injured worker suffers from neuropathic pain. Trazodone is indicated, however, the request for 4 month supply is not appropriate as it does not allow for timely reassessment of treatment efficacy. The request is not medically necessary.