

Case Number:	CM15-0199555		
Date Assigned:	10/14/2015	Date of Injury:	09/17/2013
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 17, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for tramadol and Trazodone. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported heightened complaints of low back pain, worse since the preceding visit. The applicant was on Norco, tramadol, Neurontin, and Pamelor, it was reported. Heightened complaints of left lower extremity paresthesias were reported. The applicant was described as using Trazodone for sedative effect in the past, with some success. The applicant reported 8/10 pain without medications and 4/10 pain with medications. The treating provider acknowledged that the applicant's pain complaints are worsened by standing, walking, and lifting. An epidural steroid injection was sought. Multiple medications were renewed, including Norco, tramadol, and Neurontin. Trazodone was endorsed for sedative effect purposes. The applicant was placed off of work, on total temporary disability. On August 19, 2015, the applicant was previously placed off of work, on total temporary disability. The applicant's medication list reportedly included Neurontin, Norco, Pamelor, and tramadol. In another section of the note, it was stated that the applicant should employ Trazodone on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg 1 tab daily dose #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request of the same. However, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the September 23, 2015 office visit at issue. While the attending provider did recount some reported reduction in pain scores achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's report of September 20, 2015 to the effect that the applicant was having difficulty performing activities as basic as standing, walking, lifting, and bending, despite ongoing tramadol usage, therefore is not medically necessary.

Trazadone (Desyrel) ER 150 mg 1 tab daily #54: 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, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Conversely, the request for Trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The attending provider's September 23, 2015 office visit suggested that Trazodone had been prescribed for sedative effect purposes on that date. While the MTUS Guideline in ACOEM Chapter 15, page 42 does discuss usage of antidepressants for issues of depression, the MTUS does not specifically address the topic of usage of Trazodone, an atypical anti-depressant, for sedative effect. However, ODG's Mental Illness and Stress Chapter Trazodone topic notes that Trazodone is the "most commonly prescribed insomnia agent." While ODG qualifies its position by noting that Trazodone is not recommended as a first-line agent for insomnia, here, however, the September 23, 2015 office visit suggested that a previously prescribed sedative agent, Silenor, had been denied. Resuming Trazodone was, thus, seemingly indicated on or around the date in question, September 15, 2015. Therefore, the request was medically necessary.