

Case Number:	CM15-0201976		
Date Assigned:	10/20/2015	Date of Injury:	02/10/2011
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 71 year old male, who sustained an industrial-work injury on 2-10-11. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), with radicular component, lumbar facet arthrosis, lumbar spinal stenosis, chronic pain syndrome and depression. Treatment to date has included pain medication, MS Contin, Percocet, Flexeril, Neurontin, Trazodone since at least 10-1-15, diagnostics, back brace, cold wrap, off of work and other modalities. Medical records dated 10-1-15 indicate that the injured worker complains of low back pain with radiation of pain to the bilateral lower extremities (BLE). He uses a cane at times to ambulate. Per the treating physician report dated 10-1-15 the injured worker is unemployed. The physical exam reveals lumbar flexion is 30 degrees and extension is 10 degrees. There is lumbar tenderness and sacroiliac joint tenderness. The straight leg raise causes pain at 40 degrees bilaterally. The injured worker has issues with sleep, stress and depression. The requested service included Trazodone 50mg #60. The original Utilization review dated 10-13-15 non-certified the request for Trazodone 50mg #60 but weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

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

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

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for diagnosis of major depression. MTUS Medical Treatment Guidelines recommend antidepressant as a first line option for neuropathic and possibly for non-neuropathic chronic pain, but has no specific recommendation for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation from use; however, Trazodone may be an option in patients with coexisting diagnosis of major depression which has not been established here. Submitted reports have not demonstrated outcome benefit nor are there identified efficacy in terms of increased functional ability, increased ADLs, decreased VAS scores, decreased pharmacological dependency or medical utilization derived from the previous treatment rendered for this chronic 2011 injury. The Trazodone 50mg #60 is not medically necessary and appropriate.