

Case Number:	CM15-0203913		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2010
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 46 year old female, who sustained an industrial injury on 08-03-2010. The injured worker is currently not working but noted to be released to work on 07-21-2015. Medical records indicated that the injured worker is undergoing treatment for status post multiple compression fractures of the spine, disc herniation at L5-S1, right lower extremity radiculopathy, and lumbar spinal cord stimulator with revisions. Treatment and diagnostics to date has included spinal cord stimulator, lumbar facet blocks, and medications. Recent medications have included Topamax, Trazodone (since at least 03-05-2015), Amitriptyline, Baclofen, Lidocaine patches, Percocet, and Neurontin. Subjective data (09-10-2015 and 09-17-2015), included low back pain. Objective findings (09-17-2015) included lumbar spine guarding with limited range of motion and tenderness. The request for authorization dated 09-17-2015 requested Topamax, Trazodone 50mg tablet 1 by mouth at bedtime #30 with 3 refills, Amitriptyline, Baclofen, Lidocaine patches, and Percocet. The Utilization Review with a decision date of 09-30-2015 non-certified the request for Trazodone 50mg tablet, 1 by mouth at bedtime #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, 1 tablet PO QHS Qty 30 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and stress.

Decision rationale: The CA MTUS/ ACOEM guidelines are silent regarding trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazadone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. In this case, review of the submitted documentation does not report a history of insomnia or coexisting psychiatric symptoms. Therefore, request is not in accordance with the indications set forth in the guidelines and the request is not medically necessary.