

<b>Case Number:</b>	CM15-0021840		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/16/1997
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Hawaii  
 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 female patient, who sustained an industrial injury on 04/16/1997. A primary treating office visit dated 01/19/2015, reported subjective complaint of continued with pain in the low back that radiated down to bilateral extremities. She is noted suffering from the diagnosis of lumbar post-laminectomy syndrome. She recently had revision of her spinal cord stimulator on 01/06/2014. Presently she is with 3 programs; one is very new and with very good parasthesia coverage. She is able to increase the amplitude on her own. Although, her parasthesia coverage is appropriate, she is not getting the effect that she would like and has had for the past several years. It appears that her physiological response to the stimulator is not as good as it has been in the past. The patient requires her current oral analgesic regimen in order to have some pain relief and function with activities of daily living. She is noted having had taken Dilaudid and Demerol for years. While the last two months, OxyContin noted trialed instead of Dilaudid, but it not offer same efficacy. She also is noted finding good effect from the use of Flexiril, particularly in the evening time. She takes Prilosec for GI coverage. For sleep issues she is noted using with good effect Restoril and now going to combine Trazadone in hope for a good night sleep. A request was made for medications Trazadone and Citalopram. On 01/29/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Anti-Depressants, and the ODG, Mental Illness and Stress were cited. The injured worker submitted an application for independent medical review of the service requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Trazodone (Desyrel)

**Decision rationale:** The patient presents with low back pain with radiation down to both lower extremities. The current request is for trazodone 50 mg. The treating physician states that the patient still has problems with stress, anxiety and depression for which Celexa has worked quite well and is hoping that trazodone will also have an additive effect. The patient also has significant problems with sleep for which she requires Restoril and the treating physician would like to combine with Trazodone to try to get the patient a better night's sleep. The ODG guidelines state, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, the treating physician has documented insomnia along with stress, anxiety and depression. The current request is medically necessary and the recommendation is for authorization.

**Citalopram HBR 40 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, antidepressants for chronic pain

**Decision rationale:** The patient presents with lower back pain with radiation down to both lower extremities. The current request is for citalopram HBR 40 mg. The treating physician states that the patient still has problems with stress, anxiety and depression for which Celexa has worked quite well and is hoping that trazodone will also have an additive effect. The MTUS guidelines for Selective serotonin reuptake inhibitors (SSRIs) state that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. In this case, the treating physician has prescribed citalopram for the patient's stress, anxiety and depression. SSRIs are not recommended as treatment for chronic pain, but are supported for psychological symptoms. The treating physician has documented that the current oral analgesic medical regimen provides relief during the day and helps her function with her ADLs. The current request is medically necessary and the recommendation is for authorization.

