

Case Number:	CM15-0214143		
Date Assigned:	11/04/2015	Date of Injury:	01/17/2002
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, knee, and leg pain reportedly associated with an industrial injury of January 17, 2002. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve request for trazodone. The claims administrator referenced an RFA form dated September 21, 2015 in its determination. The applicant's attorney subsequently appealed. On September 21, 2015 office visit, the applicant reported ongoing issues with chronic low back and hip pain. The applicant was using cane and/or walker to move about, the treating provider reported. 5/10 pain without medications and 2/10 with medications was reported. The applicant had undergone an earlier knee surgery and an earlier lumbar spine, the treating provider reported. The applicant had comorbidities including diabetes and hypertension, the treating provider incidentally reported. The applicant was given prescriptions of Norco, Desyrel, and Colace. The note was somewhat difficult to follow, did not follow standard SOAP format, and did seemingly mingled historical issues with current issues to some extent. The request in question seemingly represented renewal request, it was not clearly stated whether trazodone had been prescribed for chronic pain purposes, depressive purposes or sleep purposes. On June 22, 2015, trazodone, Norco, and Colace were, once again, renewed. The treating provider, once again, did not explicitly state for what issue, diagnosis, and/or purpose trazodone had been prescribed, nor was it established whether trazodone was not effective for whatever role it was being employed. The applicant was off of work, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (Desyrel).

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

Decision rationale: No, the request for trazodone, an atypical anti-depressant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon the attending provider to incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of his recommendations so as to ensure proper usage and so as to manage expectations. Here, however, multiple progress notes, referenced above, including the September 21, 2015 office visit at issue, did not clearly state whether trazodone had been prescribed for chronic pain purposes, depressive purposes, or sedative effect purposes. There was no explicit mention as to whether trazodone was or was not beneficial for whatever purposes it is being employed. While ODG's Mental Illness and Stress Chapter trazodone topic, does acknowledge that trazodone is the most frequently prescribed insomnia agent, here, again, it was not explicitly stated that trazodone had in fact been prescribed for sedative effect purposes. Therefore, the request is not medically necessary.