

Case Number:	CM15-0214564		
Date Assigned:	11/04/2015	Date of Injury:	12/17/2009
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/01/2015

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, Illinois

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 injured worker is a 62 year old male, who sustained an industrial injury on 12-17-2009. He has reported injury to the head, neck, and low back. The diagnoses have included cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; left sacroiliac joint sprain-strain; and right knee patellofemoral arthralgia. Treatment to date has included medications, home exercise program, and cervical epidural injection. Medications have included Tramadol, Naprosyn, Zanaflex, Trazodone, Colace, and Lactulose. A progress report from the treating provider, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported constant, moderate cervical spine pain, which he rates at 4-5 out of 10 on a pain scale; the pain is associated with aching, dull pain, cramping, tight sensation, and numbness; the pain radiates to the bilateral upper extremities; his condition is improved; he is status post bilateral C5-C7 transforaminal epidural steroid injection, performed on 09-18-2015; he reports approximately 60-70% benefit to date; constant severe right knee pain, which is rated at 8 out of 10 in intensity; the pain is associated with aching, dull pain, weakness, and soreness; this condition remains the same since the last exam; severe lumbar pain, which is rated at 8 out of 10 in intensity; the pain is associated with aching pain, tingling, prickling sensation, and numbness; the pain radiates to the bilateral lower extremities; he is currently taking Anaprox and Zanaflex and Lactulose; the pain is rated at 8 out of 10 in intensity without medications, and at 5 out of 10 with medications; and he reports difficulty sleeping. Objective findings included tenderness over the trapezius muscles and paracervical musculature, bilaterally; mild to moderate muscle spasm over the trapezius muscles, and paracervical

musculature, bilaterally; range of motion is decreased with pain; cervical compression test and Spurling's test are positive bilaterally; right knee reveals swelling; there is tenderness over the right peri-patellar region, right lateral joint line, and right medial joint line; range of motion is decreased; and patellar grind test is positive on the right. The provider has noted that Trazodone is prescribed "as patient has failed behavioral techniques for improved sleep and has sleep difficulty". The treatment plan has included the request for Trazodone 50 mg #60. The original utilization review, dated 10-22-2015, non-certified the request for Trazodone 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #60: Upheld

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

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 & Stress Trazodone (Desyrel).

Decision rationale: The injured worker sustained a work related injury on 12-17-2009. The medical records provided indicate the diagnosis of cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; left sacroiliac joint sprain-strain; and right knee patellofemoral arthralgia. Treatment to date has included medications, home exercise program, and cervical epidural injection. Medications have included Tramadol, Naprosyn, Zanaflex, Trazodone, Colace, and Lactulose. The medical records provided for review do not indicate a medical necessity for Trazodone 50 mg #60. The MTUS is silent on it, but the Official Disability Guidelines recommends 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. The medical records indicate the injured worker denied psychiatric problems. The request is not medically necessary.