

Case Number:	CM15-0217840		
Date Assigned:	11/09/2015	Date of Injury:	04/02/2013
Decision Date:	12/28/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 32-year-old male, who sustained an industrial injury on 4-2-13. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post L5-S1 laminectomy (9-12-12); physical therapy; medications. Diagnostics studies included MRI lumbar spine (6-2-13). Currently, the PR-2 notes dated 9-30-15 indicated the injured worker complains of lower backache. The provider notes "Patient rates his pain with medications as 3.5 on a scale of 1 to 10. Patient rates his pain without medications as 8 on a scale of 1 to 10." He reports his quality of sleep as poor. The provider documents his current medications as: Lyrica, Norco, Trazodone and Diazepam. The provider documents a physical examination confirming low back pain. He reports, "His medications are being denied and he is paying out of pocket for Norco. He has not received Trazodone in quite some time." The treatment plan discusses a denied request for epidural steroid injection indicating the last one (no date) was "at least 65% reduction in radiating pain. His back pain is a flare up by a fall after that injection which is unrelated". He wants the injured worker to continue Norco, Lyrica and Trazodone. A PR-2 note dated 7-1-15 indicates the injured worker had same lower back pain with upper back pain and rated his pain with medications "6 on a scale of 1 to 10." The provider notes "Patient rates his pain without medications as 8.5 on a scale of 1 to 10." A Request for Authorization is dated 11-7-15. A Utilization Review letter is dated 10-12-15 and non-certification for Trazodone 50mg #60. A request for authorization has been received for Trazodone 50mg #60.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Trazodone (Desyrel) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of Insomnia.

Decision rationale: Guidelines recommend short-term use of sleep agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7-10 days may indicate a medical or psychiatric illness. In this case, there is no documentation of behavioral treatments that have been attempted and response to non-pharmacologic measures. Based on the lack of symptoms of depression or anxiety, Trazodone is not recommended. The request for Trazodone 50mg #60 is not medically appropriate and necessary.