

Case Number:	CM15-0037898		
Date Assigned:	03/06/2015	Date of Injury:	07/01/2006
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 07/01/2006. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, sacroiliitis, chronic pain, enthesopathy of hip region, spasm of muscle, dysesthesia, lumbar facet joint pain, and hip joint painful on movement. Noted treatments to date have included heat/ice, rest, gentle stretching, exercise, and medications. Diagnostics to date have included MRI of the lumbar spine on 03/14/2011, which showed L2-3 with disc degeneration, L3-4 disc degeneration with loss of disc space height, L4-5 disc degeneration, and L5-S1 disc degeneration and minor left facet arthroses. In a progress note dated 01/23/2015, the injured worker presented with complaints of low back pain. The treating physician reported chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Utilization Review determination on 02/02/2015 modified the request for Trazadone Hcl 50mg #60 to Trazadone Hcl 50mg #30 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). ""A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia"." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone HCL 50 MG #60 is not medically necessary.