

Case Number:	CM15-0039338		
Date Assigned:	03/09/2015	Date of Injury:	01/31/2003
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 41-year-old female, who sustained an industrial injury on 1/31/2003. Currently she reports lower back pain. The injured worker was diagnosed with, and/or impressions were noted to include low back pain; post-lumbar laminectomy syndrome; muscle spasms; and mood disorder. Treatments to date have included consultations, diagnostic imaging studies; lumbar fusion surgery (10/21/08); trigger point injections and acupuncture treatments, and transcutaneous electrical stimulation unit - that provided not relief; psychotherapy that provided good relief; and medication management. Current notes, dated 11/25/2014, show complaints of low back and right shoulder pain, making it hard to exercise; that there are failed medications to include Trazadone for sleep, stated "it did not work"; that she is a candidate for implantable pump, surgery or "SCS"; and that she is classified as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone Tab 100mg, take 2.5 at night, #75: 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 and stress Chapter, Antidepressants for Treatment of MDD, Insomnia Treatment.

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 and stress, trazodone.

Decision rationale: The official disability guidelines recommend the use of trazodone is treatment for insomnia for individuals who also have mild psychiatric symptoms. Although the injured employee has difficulty sleeping and has a diagnosis of a mood disorder previous usage of trazodone was stated not to be helpful. As there was no success with the usage of trazodone, this request is not medically necessary.