

Case Number:	CM14-0125673		
Date Assigned:	09/16/2014	Date of Injury:	07/17/2008
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 07/17/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included low back pain, discogenic pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar postlaminectomy pain, and chronic pain syndrome. The previous treatments included medication, acupuncture and surgery. Within the clinical note dated 07/16/2014, it was reported the injured worker complained of low back pain and bilateral leg pain. She rated his pain 10/10 in severity without medication and 8/10 in severity with medication. Upon the physical exam it was noted the injured worker had a positive straight leg raise bilaterally, right more than left. Strength was 5/5 in both extremities. Reflexes were 2+ and symmetrical. The request submitted is for Trazodone. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 07/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Trazadone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78..

Decision rationale: The request for Prospective usage of Trazodone 50mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen in patient treatment with issues of abuse, addiction or poor pain control. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the request submitted failed to provide the frequency of the medication. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.