

Case Number:	CM14-0143053		
Date Assigned:	09/10/2014	Date of Injury:	01/15/2007
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 01/15/2007. The injured worker was working as a senior sales manager at [REDACTED], and in the course of attempting to assist a hotel visitor who had fallen down stairs, she twisted her lower back. He sustained injuries in her neck and lower back. The injured worker's treatment history included physical therapy without significant improvement in symptoms, anti-inflammatory medications, and analgesic pain medications, and chronic treatment. Conservative treatment included epidural steroid injections, MRI studies of the cervical spine, and 6 week functional restoration program. The injured worker was evaluated on 08/28/2014 and it is documented the injured worker complained of chronic neck, right upper extremity, back, and right lower extremity pain. The injured worker reported she had a flare up of pain. She was walking and felt back pain radiating to her bilateral lower extremities. She stated that she felt weakness and started to fall. The injured worker stated the medication continued to help reduce pain and improved her function. The provider noted with the use the medications it allows her to exercise. Physical examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 20% with flexion but full with extension and rotation bilaterally. Sensations were decreased to light touch along the left inner calf and inner thigh compared to the right lower extremity. Motor strength was decreased 4/5 with hip flexion. Deep tendon reflexes were 1+ and equal at the patella and Achilles. Examination of the cervical spine revealed tenderness to palpation along the cervical paraspinous muscles with muscle tension, right greater than left, extending into the bilateral trapezius and muscles. Range of motion of the cervical spine was decreased by 20% with flexion and extension, and decreased by 30% with rotation to the right but full with rotation to the left. Sensations were decreased at the right upper extremity compared to the left upper extremity. Motor strength was decreased 4/5

with right hand grip compared to the left upper extremity. Medications included Cymbalta 60 mg, Pantoprazole 20 mg, Motrin 800 mg, trazodone 50 mg, gabapentin 800 mg, and hydrochlorothiazide 25 mg. Within the documentation submitted, it was indicated the injured worker has been on trazodone 50 mg since 02/03/2014. Diagnoses included syndrome postlaminectomy, sciatica, S/P C4 through C6 cervical decompression, and disorders sacrum. The request for authorization dated 08/16/2014 was 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Page(s): 14 & 15..

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The documents submitted indicated the injured worker has been utilizing Trazodone since 02/03/2014, the guidelines recommend this Trazodone for short-term usage. The request lacked frequency and duration. As such, the request for Trazodone 50 mg, # 60 is not medically necessary.