

<b>Case Number:</b>	CM14-0182880		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/12/1994
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 66 year-old male with the date of injury of 05/12/1994. The patient presents with pain in his lower back, radiating down both of his legs. The patient rates his pain as 7-9/10 on the pain scale, depending on the intake of medication. The patient walks with a cane. The range of his lumbar motion is limited. His lumbar flexion is 30 degrees. The X-rays of the lumbar spine from 03/06/2014 shows 1) evidence of fusion L4 to the sacrum 2) a large anterior osteophyte involving the superior endplate of L4 3) the disc space height is maintained. The CT scan of the lumbar spine from 03/17/2014 reveals 1) bone greater material at L4-5 2) artificial disc space replacement at L5-S1 3) spondylosis within the lumbar spine 4) neuro stimulator entering the thecal sac at T11-12. The patient is currently taking Gabapentin, Lunesta, Norco, Omeprazole, Xoten and Vitamin D. The patient is not currently working. According to [REDACTED] report on 09/16/2014, diagnostic impressions are; 1) Lumbar disc degeneration, 2) Chronic pain other, 3) Lumbar facet arthropathy, 4) Lumbar post laminectomy syndrome, 5) Lumbar radiculopathy, 6) S/P fusion, lumbar spine, 7) Insomnia, 8) Medication related dyspepsia, 9) S/p spinal cord stimulator implant. The utilization review determination being challenged is dated on 10/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/2014 to 10/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress - Insomnia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/stress chapter, Trazodone (Desyrel)

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The patient is s/p multilevel lumbar fusion on 04/01/2014. The request is for Trazodone 50mg #30. MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, ODG guidelines support it if concurrent depression is documented. In this case, the treater prescribed Trazodone for chronic insomnia on 09/16/2014. While insomnia is listed as one of the diagnosis, there is no discussion regarding what has been tried and how the patient is struggling with insomnia. There is no discussion regarding any depression either. Recommendation is for denial.