

Case Number:	CM14-0212715		
Date Assigned:	12/30/2014	Date of Injury:	08/17/2009
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 yr. old male claimant who sustained a work injury on August 17, 2009 involving the low back. He was diagnosed with lumbar disc disease for which he underwent a lumbar fusion at L5 - S1 October 2011. An MRI in 2013 showed L5 - S1 posterior disc. A spinal cord stimulator was implanted in December 2013. A progress note on November 4, 2014 indicated the claimant had persistent low back pain. He had 50% improvement with the use of Neurontin. He continued to use oxycodone in Norco for pain. Examination was notable for tenderness to palpation over the implant site of simulator. The claimant remained on Neurontin as well as Trazodone, Oxycodone, Soma and Norco. The physician also requested eight sessions of physical therapy and Botox injections for the back. The claimant had been on Trazodone as well as the above medications for several months with similar exam findings in pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #120: 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) Chapter and Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone
Page(s): 14-18.

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. In this case the claimant had been on Trazodone for several months. He had continued pain and no significant change in functionality. Continued and prolonged use of Trazodone is not medically necessary.