

Case Number:	CM14-0215269		
Date Assigned:	01/02/2015	Date of Injury:	06/03/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male with date of injury of 06/03/2011. The listed diagnoses from 09/18/2014 are: 1. Lumbago. 2. Lumbosacral neuritis, NOS. 3. Sprain of the sacroiliac, NOS right. 4. Sciatic nerve lesion/piriformis syndrome. According to this report, the patient complains of significant pain in the lower back on the right side. He rates his pain 6/10. His current medications decrease his pain about half, but temporary only. The patient denies any new related complaints. Examination shows the patient has an antalgic gait favoring the right leg without assistive devices. Limited range of motion on the right hip. Tenderness to palpation on the right S1 joint reproducing his pain, piriformis muscle tenderness on the right. There is decreased range of motion in the lumbar spine with right lateral flexion and extension due to pain. Moderate tenderness of the lumbosacral spine and paraspinals with mild paralumbar muscle tightness. Moderate point tenderness of the sacroiliac joint and gluteal area reproducing pain in the lower back on the right. Mild decrease in light touch and pinprick sensation in the L5-S1 distribution. Positive straight leg raise. Treatment reports from 02/25/2014 to 11/21/2014 were provided for review. The utilization review denied the request on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg 1 my mouth at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with low back pain. The treater is requesting TRAZODONE 50 MG 1 P.O. Q.H.S., QUANTITY #30. The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." The records do not show any history of trazodone use. The 11/21/2014 report notes major depressive disorder and the treater is going to trial a low-dose trazodone for sleep and mood. In this case, the MTUS Guidelines supports the use of trazodone and a trial is appropriate for this patient. The request IS medically necessary.