

Case Number:	CM14-0216465		
Date Assigned:	01/06/2015	Date of Injury:	08/27/2003
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, 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 48-year-old male patient who sustained an injury on 8/27/2003. The current diagnoses include cervical spondylosis with radiculopathy, status post cervical spine fusion, lumbar radiculopathy, cervical and lumbar degenerative disc disease, lumbar sprain, headache, chronic pain syndrome, insomnia and severe temporomandibular joint dysfunction. Per the doctor's note dated 1/5/2015, he had complaints of chronic pain, depression and insomnia. Insomnia has improved over months due to use of trazodone on nightly basis. Per the doctor's note dated 11/25/2014, he had complaints cervical spine pain, thoracic pain and low back pain. The physical examination revealed cervical spine- tenderness and spasm, restricted range of motion, slight hypoesthesia in right C5-6 dermatomes, The medications list includes cymbalta, trazodone, opana, zolpidem, xanax, maxalt and percocet. He has had cervical epidural steroid injection on 10/2/2014. He has undergone anterior cervical discectomy and fusion C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): page 13. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/10/15) Insomnia treatment Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine)

Decision rationale: Trazodone is a tetra cyclic antidepressant. According to the CA MTUS Chronic Pain Guidelines, antidepressants are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.)" In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the doctor's note dated 1/5/2015, he had complaints of chronic pain, depression and insomnia. Insomnia has improved over months due to use of Trazodone on nightly basis. Trazodone is a first line agent in this clinical situation. With this, it is deemed that Trazodone 50mg #30 with 1 refill is medically appropriate and necessary for this patient.