

Case Number:	CM15-0114333		
Date Assigned:	06/22/2015	Date of Injury:	06/16/2013
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania
 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6/16/13. He reported low back pain. The injured worker was diagnosed as having a tear of the talofibular ligament, myofascial pain, chronic pain syndrome, and lumbosacral radiculitis. Treatment to date has included L4-5 laminectomy and microdiscectomy on 10/8/14, epidural steroid injections, physical therapy, and medication. The injured worker had been taking Trazodone since at least 5/18/15. Currently, the injured worker complains of chronic low back pain with left lower extremity radiation and radiation to the mid-back. The treating physician requested authorization for Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 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: Pain - Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Trazadone.

Decision rationale: Trazadone is used in the treatment of depression and insomnia. However, it is not clear in this case why trazadone is being prescribed. The medical record reports that this worker has a past medical history of anxiety and depression and his medication lists include the anti-depressants, bupropion and fluoxetine. However recent records do not indicate a current diagnosis of depression or anxiety. There is no report or diagnosis of insomnia. The 5/18/15 physician progress note list trazadone under the diagnosis of lumbosacral radiculitis. The ODG states that trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case it does not appear that this worker has insomnia. It is also not clear from the record that it is being prescribed for depression and even if so the ODG states that "although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder."