

<b>Case Number:</b>	CM15-0129280		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/11/2003
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 11, 2013. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for trazodone (Desyrel) and a Toradol injection. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported 5/10 low back pain, it was stated in one section of the note. The applicant had severe chronic pain syndrome, chronic low back pain, and emotional disturbance issues, it was reported. The attending provider stated that the applicant was using a number of opioid medications, including Duragesic. In another section of the note, it was stated that the applicant was using trazodone, aspirin, and Suboxone. The applicant reportedly gained weight over the preceding six months, it was suggested. The applicant was sleeping approximately five to six hours a night. The applicant was given a Toradol injection in the clinic. It was not clearly stated why the Toradol injection was administered. The attending provider also concurrently performed trigger point injections in the clinic setting. Renal and hepatic function testing was sought. Trazodone was prescribed. It was not clearly stated whether the request for trazodone was a first-time request or a renewal request, although it did appear that the applicant was currently using trazodone and trazodone was listed in the current medications section of the note. The attending provider stated, somewhat circuitously, that trazodone was being employed for a combination of sedative, analgesic, and/or antidepressant effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines insomnia treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, (chronic): insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for trazodone, an atypical antidepressant, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15 page 402 does acknowledge that it often takes "weeks" for antidepressants such as trazodone to exert their maximal effect, here, however, the applicant had seemingly been on trazodone for several months as of the date of the request, April 24, 2015. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, it did not appear, however, that ongoing usage had proven particularly beneficial. From a chronic pain standpoint, ongoing usage of trazodone failed to curtail the applicant's dependence on opioid agents to include Suboxone and Duragesic. From a depression and a sleep standpoint, the applicant was described as only sleeping five to six hours a night on April 24, 2015, despite ongoing usage of trazodone. From a functional standpoint, it did not appear that the applicant was working, although the applicant's work status was not detailed on the April 24, 2015 progress note at issue. It did not appear, in short, that the applicant had demonstrated functional improvement as defined in MTUS 9792.20e with ongoing trazodone usage, either from a mental health perspective or from a chronic pain perspective. Therefore, the request is not medically necessary.

**Toradol 60mg IM injection 4/24/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 942 "[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo- skeletal LBP".

**Decision rationale:** Similarly, the request for a Toradol injection is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable ketorolac, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or

chronic painful conditions, as were/are seemingly present here on the date in question, April 24, 2015. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac is a useful alternative to a single moderate dose of opioids for applicants who present with a flare of severe musculoskeletal low back pain, here, however, it did not appear that the applicant was in fact experiencing a flare of severe musculoskeletal low back pain on or around the date in question, April 24, 2015. The attending provider stated that the applicant's pain complaints were scored at 5/10 on that date. It did not appear, in short, that the applicant had experienced any acute flare in the low back pain on or around the date in question, April 24, 2015. Therefore, the request is not medically necessary.