MAXIMUS Federal Services

Case Number:	CM15-0170320		
Date Assigned:	09/10/2015	Date of Injury:	07/14/2014
Decision Date:	10/08/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female sustained an industrial injury to the low back on 7-14-14. Previous treatment included physical therapy, epidural steroid injections and medications. In a PR-2 dated 8-10-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities, rated 5 out of 10 on the visual analog scale. The injured worker stated that she did not sleep at all because her pain was severe whenever she lay down. Physical exam was remarkable for lumbar spine with full range of motion with minimal pain, positive bilateral straight leg raise, diminished bilateral ankle reflexes and decreased sensation of bilateral calves. The injured worker tolerated palpation to the lumbar spine well. Current diagnoses included chronic low back pain and bilateral lower extremity pain. The treatment plan included a trial of Neurontin and Trazadone and a short course of physical therapy, twice a week for four weeks. On Utilization Review noncertified a request for retrospective Trazadone (dos 8-10-15) noting that the current request exceeds the recommended short term duration as defined by the CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trazodone 50mg #100 for DOS 8/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for low back and bilateral lower extremity pain. She was seen for an initial evaluation by the requesting provider on 08/10/15. Her lower extremity pain was bothering her the most. She was having difficulty sleeping. Pain was rated at 5/10. She was taking Norco. She had been diagnosed with diabetes. Physical examination findings included a BMI of nearly 37. There was positive straight leg raising. There was decreased lower extremity sensation. Neurontin was prescribed with an increasing dose titration. Trazodone was prescribed for insomnia. Authorization for physical therapy was requested. In this case, the claimant has difficulty sleeping due to neuropathic pain. Attempting further treatment of his night time pain would potentially be effective and, in this case, gabapentin was also prescribed. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple medications, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular medication. Prescribing Trazodone is not medically necessary.