

<b>Case Number:</b>	CM15-0026870		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: 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 47-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 15, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; and adjuvant medications. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for trazodone. The applicant's attorney subsequently appealed. In a February 4, 2015 progress note, the applicant reported persistent complaints of low back pain. The applicant received a trigger point injection of some kind. Norco, Motrin, Nexium, and Desyrel were endorsed. The applicant was currently working, the treating provider stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 13 of 127.

**Decision rationale:** Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as trazodone are recommended in the treatment of chronic pain. Here, the attending provider has contended that trazodone has proven effective in attenuating the applicant's symptoms of chronic pain and/or pain-induced insomnia. The applicant has demonstrated a favorable response to the same as evinced by his maintaining a full-time regular duty work status with ongoing trazodone consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.