

Case Number:	CM15-0041012		
Date Assigned:	04/10/2015	Date of Injury:	04/06/2005
Decision Date:	05/11/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 4/6/2005. Diagnoses have included backache unspecified spinal and lumbar radiculopathy. There are additional diagnoses of sleep disturbance, anxiety and depression disorders. Treatment to date has included medications. The 2013 MRI of the lumbar spine showed multilevel disc bulge and grade 1 retropisthesis of L5 on S1. According to the progress report dated 7/7/2014, the injured worker complained of moderate to severe back pain rated 8/10 with radicular pain down the right lower extremity. Exam of the cervical spine revealed tenderness and spasm. Exam of the lumbar spine revealed tenderness and spasm. The injured worker was unable to walk on heels secondary to pain. The injured worker was to continue with pain management for chronic pain. Per the secondary treating physician's progress report dated 1/6/2015, the injured worker complained of worsening gastroesophageal reflux disease and improved constipation. He reported abdominal pain with acid reflux. The low back pain was rated at 6-8/10 on a scale of 0 to 10. The current medications include Nortriptyline. Authorization was requested for Trazodone HCL 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCI 50mg, take 1 tablet daily at bedtime as needed, Qty 30 tablets with 1 refill:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16, 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Trazodone can be utilized for the treatment of insomnia associated with anxiety and depression disorder. The records indicate that the patient have a significant history of sleep disturbance associated with depression and mood disorder. There is documentation of compliance and functional restoration with utilization of Trazodone. There is no reported adverse effect associated with use of Trazodone. The criteria for the use of Trazodone HCL 50mg #30 with 1 Refill was met. Therefore, the requested medical treatment is medically necessary.