

Case Number:	CM15-0069172		
Date Assigned:	04/16/2015	Date of Injury:	04/13/2010
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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, California

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:

This is a 43 year old male patient who sustained an industrial injury on 4/13/10 from a slip and fall. Diagnoses include chronic low back and sciatica pain, status post L5-S1 transforaminal lumbar inter-body fusion and status post fusion hardware removal. Per the doctor's note dated 2/26/2015, he had complains of constant, moderate to severe pain affecting his low back at 5/10 with medications), neck at 5-6/10, legs and head. His neck pain causes spasms and headache and radiates into the shoulders but Fioricet helps. Review of system was positive for anxiety, insomnia and depression. Per the note dated 3/10/2015 he had complains of moderate neck and low back pain. Physical examination revealed diffuse tenderness and decreased sensation in C6 dermatomes bilaterally. The medications list includes Fioricet, Norco, ibuprofen, trazodone, LidoDerm patch, Prilosec and Lunesta. He has had cervical MRI on 9/27/2012 which revealed disc bulge at C3-4; EMG/NCS of upper extremities on 10/7/2010 with normal findings. He has undergone an L5-S1 discectomy and fusion on 9/29/11 and removal of hardware and exploration of fusion on 1/15/2013. He has had acupuncture and physical therapy without benefit; spinal cord stimulator which helped the back and leg pain but caused uncomfortable rib and genital stimulation; chiropractic therapy without benefit; draw string corset; trigger pint injection into sacroiliac distribution with immediate relief of pain (3/10/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone tab 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Antidepressants for treatment of MDD (major depressive disorder), Trazodone; Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Insomnia treatment Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Request: Trazodone tab 150mg #30. Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated)." In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, he had complaints of chronic pain with history of lumbar surgeries. He is also having insomnia, anxiety and depression. Trazodone is a first line agent in this clinical situation. The request of trazodone tab 150mg #30 is medically appropriate and necessary for this patient.