

Case Number:	CM15-0072634		
Date Assigned:	04/22/2015	Date of Injury:	11/30/1999
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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: Connecticut, California, Virginia
 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 injured worker is a 60 year old male who sustained an industrial injury on 11/30/1999. His diagnoses, and/or impressions, included: lumbago, low back pain; reflex sympathetic dystrophy of the lower extremity; chronic pain syndrome; and pit of optic disc. No current magnetic resonance imaging studies are noted. His treatments have included exercise and medication management. Progress notes of 3/5/2015 reported non-radiating, moderate-severe, constant, bilateral low back pain with stiffness and spasms. He reported this pain interferes with his sleep, waking him up every 2 hours. The physician's requests for treatments were noted to include Trazadone for insomnia and Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Trazodone 50mg Qty 60 Refills 5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, insomnia treatment.

Decision rationale: The MTUS does not mention Trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG discuss the drug being used to treat insomnia; however, there is less evidence to support its use for insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, and in this case it appears the patient has been taking the medication for both insomnia and mood issues related to the pain/injury. It is the opinion of this reviewer that Trazodone is a reasonable treatment modality for use in this case. Therefore the request for Trazodone is considered medically appropriate.

Tramadol 50mg Qty 120 Refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request for Tramadol with 5 refills prior to follow up and reassessment is not considered medically necessary.