

Case Number:	CM15-0077999		
Date Assigned:	04/29/2015	Date of Injury:	11/09/2004
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 66 year old male who sustained an industrial injury on 11/09/2004. The worker had an initial injury when attempting to stand while holding a tool weighing approximately 30 pounds. He felt a sharp pain in his lower back and had increasing symptoms including pain unrelieved by physical therapy, ice packs and pain medication. The injured worker had a lumbar laminectomy, and at the time of this claim, was diagnosed as: status post lumbar laminectomy; status post posterior lumbar interbody fusion, L4 to S1; failed back syndrome, multiple level degenerative disc disease, lumbar spine; lumbar spinal stenosis; lumbar radiculopathy bilateral lower extremities; intractable pain syndrome; large umbilical hernia. Treatment at this time includes a focus on pain management. Currently, the injured worker complains of constant severe low back pain, left side more than right, with a burning pain in the buttocks, and continuous numbness in his left leg with cramping in both hips and numbness in his thighs with weight bearing. He describes episodes of bowel incontinence when his low back pain is severe. His pain is worse with ambulation. The treatment plan in this request for authorization includes: Trazodone 50mg #60 with 3 refills; Neurontin 600mg #180 with three (3) refills; and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #60 with 3 refills is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured workers working diagnoses are status post lumbar laminectomy; status post posterior lumbar interbody fusion L4 - S1; failed back syndrome; multiple level degenerative disc disease lumbar spine; intractable pain syndrome; lumbar spinal stenosis; lumbar radiculopathy bilateral lower extremities; and umbilicus hernia. Documentation from several progress notes indicate trazodone was first prescribed on March 25, 2015. Subjectively, according to the March 25, 2015 progress note, the injured worker has difficulty getting enough sleep throughout the night. The injured worker has been using Ambien since November 13, 2013. Ambien was eventually noncertified, but the injured worker sought refills through his private physician. Currently the injured worker takes Ambien CR (obtained through his VA hospital). The injured worker was diagnosed with sleep apnea and was prescribed CPAP through a non-Worker's Compensation physician. The injured worker does not use the CPAP because it feels it doesn't work. The injured worker takes Prozac for anxiety related symptoms. The injured worker uses Norco, Flexeril and Celebrex. Trazodone 50 mg 1 to 2 tablets PO HS was prescribed by the treating physician. The treating physician prescribed Trazodone as a sleep aid. The record shows the injured worker is already taking a long acting sleep aid, Ambien CR. There is no clinical indication or rationale for Trazodone in the medical record. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, Trazodone 50 mg #60 with 3 refills is not medically necessary.