

Case Number:	CM15-0078231		
Date Assigned:	04/29/2015	Date of Injury:	11/21/2013
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
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: Arizona, 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:

The injured worker is a 35 year old male, who sustained an industrial injury on 11/21/13. The injured worker has complaints of low back pain. The diagnoses have included L1 transverse fracture; L4-L5 disc herniation and congenitally small spinal canal. Treatment to date has included thoracolumbosacral orthosis brace; physical therapy; norco; magnetic resonance imaging (MRI) of the lumbar spine; chiropractic therapy; computerized tomography (CT) scan and X-rays. The request was for trazadone 50mg quantity 30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone/Anti-depressants Page(s): 14.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia.

Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the claimant had been on Norco for months for pain and was given Trazadone for sleep difficulties secondary to pain. Trazadone is not considered 1st line for insomnia secondary to pain. Other interventions and behavioral modifications were not considered. The Trazadone is not medically necessary.