

<b>Case Number:</b>	CM15-0090626		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/12/2002
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 52 year old female, who sustained an industrial injury on 1/12/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic low back pain, lumbosacral degenerative disc disease and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/28/2015, the injured worker complains of chronic low back pain and sleep disturbances. The treating physician is requesting Trazodone 50 mg with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets Trazodone 50mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tricyclics Page(s): 122.

**Decision rationale:** The medical records indicate pain in the back with degenerative disc disease. There is reported sleep disturbance. Tricyclics such as Trazodone are supported under

MTUS for neuropathic pain treatment. Tricyclics are not supported under ODG for sleep disturbance. The medical records do not report any neuropathic pain condition. As such the medical records do not support treatment with Trazodone congruent with MTUS guidelines. The request is not medically necessary.