

Case Number:	CM15-0091184		
Date Assigned:	05/15/2015	Date of Injury:	09/30/2002
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old female who sustained an industrial injury on September 30, 2002. She has reported low back pain with radiation to the bilateral lower extremities and has been diagnosed with right plantar fasciitis, disc protrusion at L2-3, L3-4, and L5-S1, disc herniation at L4-L5, 4-5 mm with severe spinal stenosis, severe facet arthropathy at L3-4, L4-5, and L5-S1, bilaterally, mild spinal stenosis at L3-4 and L5-S1, bilateral L4-5 radiculopathy, and chronic low back pain. Treatment has included medications and a home exercise program. On examination lumbar spine range of motion was restricted. Straight leg raise and Kemp's testing was positive bilaterally. Motor strength was a 4/5 at the bilateral extensor hallucis longus and tibialis anterior muscle groups; otherwise, strength is a 5/5 in all remaining motor groups. The treatment request included Tramadol and trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Steps to Take Before a Therapeutic Trial of Opioids Page(s): 78-80 and 76-77.

Decision rationale: Tramadol 50mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The documentation does not reveal a psychosocial assessment, baseline functional test, urine drug screen, signed pain agreement, or discussion of future weaning of Tramadol. There is no quantity of Tramadol requested. Without evidence of prescribing according to the MTUS Guidelines or with a specified quantity of this medication, the request for Tramadol is not medically necessary.

30 Trazodone 50mg: Upheld

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 and Stress.

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-Trazodone (Desyrel).

Decision rationale: 30 Trazodone 50mg is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazadone. The ODG states that Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep

onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The documentation is not clear on an evaluation of the patient's insomnia and what behavioral strategies have been attempted prior to pharmacological treatment for insomnia. Furthermore, the patient has been using Trazadone and there is no clear indication of functional improvement or efficacy from prior use of Trazadone. Additionally, this medication is used only in patients that have anxiety and depression in conjunction with their insomnia. The review of systems 3/11/15 was negative for anxiety and depression. The request for continued Trazadone is not medically necessary.