

Case Number:	CM15-0096479		
Date Assigned:	05/26/2015	Date of Injury:	10/14/1987
Decision Date:	07/01/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, New York, California
 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 1987. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for trazodone and a urine drug screen apparently requested on or around May 11, 2015. The applicant's attorney subsequently appealed. In a RFA form dated May 12, 2015, tramadol, trazodone, and a urine drug screen were sought. In a seemingly associated progress note, undated, received on May 19, 2015, the applicant reported 8/10 back and hip pain without medications versus 3-4/10 pain with medications. The applicant was using Ambien for sleep, Flexeril for spasms, and tramadol for pain. The applicant stated that Lyrica had not proven effectual. Tramadol, Ambien, and Lyrica were continued. The applicant was asked to employ Lyrica at a heightened dosage. The applicant's work status was not detailed. Thus, the progress note received on May 19, 2015 made no mention of the applicant's need for trazodone. A May 11, 2015 progress note noted that the applicant had ongoing complaints of low back pain, 8-9/10 without medications versus 4- 5/10 with medications. The applicant was on Ambien for sleep disturbance, it was reported. The applicant was asked to start trazodone for pain-induced insomnia. Tramadol, Ambien, and Flexeril were continued while the applicant was kept off of work. It was stated that the applicant had not worked in over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg 1-2q hs prn #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular conditions for which it is has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, the attending provider seemingly stated that trazodone (Desyrel) was being introduced on or around May 11, 2015 for issues with pain-induced insomnia. While ODG's Mental Illness and Stress Chapter Trazodone topic acknowledged that there is no clear-cut evidence to recommend trazodone as a first-line agent to treat primary insomnia, here, however, the applicant had failed a variety of other agents, including Ambien. ODG also notes that trazodone is in fact the most commonly prescribed insomnia agent, despite the tepid position on the same. The request here, however, was framed as a first-time request, on the grounds that various other analgesic medications, adjuvant medications, and/or sedative agents had failed to ameliorate the applicant's issues with insomnia. Introduction of the same, thus, was indicated on or around the date in question. Therefore, the request is medically necessary.

Retrospective request: Urinary drug screen (UDS) DOS 5/11/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize an applicant into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider did modify several of the applicant's medications, he did not attach the applicant's complete medication list to the RFA form or to the body of any of his progress notes, referenced above. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of United States of Department of Transportation (DOT) when

performing drug testing. There was no attempt made to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Since multiple criteria for pursuit of drug testing were not met, the request was not medically necessary.