

Case Number:	CM14-0146238		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2008
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who was injured on 12/11/08 while unloading batteries weighing over 80lbs out of a riding machine. As he pulled one of them it slipped and he lost his balance and fell on to the ground, sustaining injury to his shoulder, back, and left leg. Current diagnoses include lumbar spine contusion/sprain, with bilateral lower extremity radiculitis and 2.5mm disc bulges with moderate stenosis and neuroforaminal narrowing at L4-L5 and L5-S1 per magnetic resonance image scan dated 03/29/10 and status post right shoulder arthroscopy (subacromial decompression, labral debridement and distal 3rd clavicle excision with rotator cuff repair) on 09/25/09. Clinical note dated 08/19/14 indicated the injured worker presents for follow up medication re-evaluation to review urine drug screen. The injured worker indicated his back pain has a pain level of 5/10, described as frequent pain, dull, cramping, burning and achy. Physical examination of the lumbar spine revealed tenderness to palpation with muscle guarding and spasm over the paravertebral musculature. Straight leg raise test elicits increased low back pain. Lumbar range of motion measures as follows: flexion is 42 degrees, extension is 11 degrees, right side bending is 12 degrees, and left side bending is 14 degrees. Clinical documentation also indicated the injured worker has difficulty sleeping, depression, stress, and anxiety. Medications include Norco 10mg and trazadone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone (Desyrel)

Decision rationale: As noted in the Official Disability Guidelines, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. As such, the request for Trazodone 50mg cannot be recommended as medically necessary.