

<b>Case Number:</b>	CM13-0026477		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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 physician 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 patient is a 55-year-old male who reported an injury on 10/12/2011. The mechanism of injury was not provided for review. The patient underwent shoulder arthroscopy and rotator cuff repair. The patient had continued shoulder pain complaints. The patient's chronic pain was managed with medications. The patient had complaints of insomnia and poor sleep hygiene. The patient was given a trial of Ambien but was not tolerated due to side effects. The patient was then provided a trial of trazodone. The patient's sleep quality remained poor. The patient's most recent physical examination findings included restricted range of motion of the right shoulder described as 90 degrees in flexion and 40 degrees in extension with abduction limited to 80 degrees secondary to pain and adduction limited to 20 degrees secondary to pain. The patient had a positive shoulder crossover test. The patient's current medications were listed as trazodone 100 mg take 1 at bedtime as needed, Lexapro 20 mg take 1 daily, and Nucynta 50 mg take 1 daily as needed. The patient's diagnosis included shoulder pain. The patient's treatment plan was to continue medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 100mg tablet #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments

**Decision rationale:** The requested trazodone tablets 100 mg #30 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has poor sleep quality. However, there is also documentation that the patient has been on trazodone for an extended duration to address this issue. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of the patient's chronic pain be supported by increased functional benefit and positive symptom response. The clinical documentation submitted for review consistently documents that the patient does not have any functional benefit from this medication related to the patient's sleep habits. Official Disability guidelines do recommend this medication to assist with insomnia related to chronic pain, however, due to the lack of functional benefit continued used is not supported. Therefore, continuation of this medication would not be supported. As such, the requested trazodone 100 mg tablets #30 are not medically necessary or appropriate.