

Case Number:	CM13-0053873		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2002
Decision Date:	03/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Medicine and is licensed to practice in Arizona. 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 61 year old male with date of injury on 11/06/2002. The patient has been treated for ongoing foot and ankle symptoms, and depression. The patient has the diagnoses of major depressive disorder, and pain in ankle and foot. Medications include Wellbutrin, trazadone (1-2 tablets at bedtime), and previous use of zolpidem. The patient also had previously tried Cymbalta, that was discontinued due to side effects. Medical records show subjective complaints of feeling stressed, being in pain, not sleeping well, and sexual side effects related to his antidepressant. Patient also had complaints of foot and ankle pain. Physical exam showed a patient with depressed mood, without suicidal or homicidal ideation. While mention is made of sleeping difficulties, no documentation is present that demonstrates improvement with trazadone use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #35: 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), Pain Chapter.

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

Decision rationale: CA MTUS does not address the use of Trazodone. The ODG states that sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. This patient has a diagnosis of depression and is being treated with an antidepressant, and adding a second antidepressant is not clearly established in the medical record. Furthermore, the use of Trazodone for insomnia did include documentation of ongoing efficacy or potential side effects. Therefore, the medical necessity of Trazodone is not established.