

<b>Case Number:</b>	CM13-0067864		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Management 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 30-year-old female who reported an injury on 08/24/2009, secondary to heavy lifting. Current diagnoses include musculoligamentous sprain of the lumbar spine, herniated disc disease, and disc protrusion in the lumbar spine. The injured worker was evaluated on 09/28/2013. The injured worker reported persistent insomnia, headaches, and loss of appetite. Objective findings revealed a withdrawn, sad, and apprehensive affect. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DESYREL 50MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

**Decision rationale:** The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines (ODG) state desyrel is recommended as an option for insomnia, only for

patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. As per the documentation submitted, the injured worker has continuously utilized trazodone 50 mg for an unknown duration. There is no documentation of objective functional improvement. The injured worker continues to report persistent insomnia. Additionally, there is no frequency listed in the current request. Therefore, the request is not medically necessary or appropriate.