

Case Number:	CM14-0000093		
Date Assigned:	01/10/2014	Date of Injury:	03/01/2007
Decision Date:	05/23/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 57 year old female who injured her neck, causing neck, left shoulder, and left arm radiating pain while organizing supplies at her workplace. Since then she has been suffering with chronic pain related to the following diagnoses, according to the records provided: cervical facet joint pain, facet joint arthropathy, and cervical disc protrusion. The course of her treatment for this injury included C5-C6 fusion, oral pain medications including NSAIDs, gabapentin, and opioids, oral sleep aids including Ambien and Trazodone, xylocaine injections, lidocaine patches, physical therapy, TENS unit, acupuncture, and was recommended for nerve ablation. The nerve block injections since 7/13 seemed to help the most providing an 80% decrease in her pain symptoms. Her chronic pain disrupted her sleep for which she had been using Ambien. According to the progress notes provided, this medication seemed to help the worker sleep better in light of her pain during the night. On 11/11/13 her treating physician discontinued the Ambien and instead prescribed trazodone 25 mg 1-2 tabs p.o. q.h.s. #30 with 0 refills for the purpose of replacing the Ambien as a sleep aid. No mention in the progress note from this encounter does it mention why the patient could not continue the Ambien, and also there was no mention as to the clinical reasoning for which trazodone was prescribed for her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 25 MG 1-2 TABLETS ORALLY EVERY NIGHT AT BEDTIME #30:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment, Sedating antidepressants.

Decision rationale: The MTUS Guidelines state that for chronic pain, antidepressants may be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclic anti-depressants are generally considered first-line choices unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In the ODG, it requires pharmacological agents be only used after careful evaluation of potential causes of sleep disturbance. The ODG mentions that for insomnia related to chronic pain, trazodone has been used to treat insomnia, but it is still considered an off-label use, and there is less evidence to support its use for insomnia than other sleep aids. Trazodone may be appropriate, however, in certain settings where the patient has coexisting depression. In the case of this worker, the treating physician stopped Ambien and prescribed trazodone for her insomnia. There is no record seen in the office visit notes provided discussing the reason for stopping the Ambien, which seemed to be helping her. Also no evidence was found of the worker having significant depression as a basis for choosing trazodone as a good fit for her insomnia, and no mention in the progress notes was found suggesting why any other sleep aid medications were not indicated for this patient, warranting a trial of trazodone. For these reasons, trazodone 25 mg 1-2 tablets orally every night at bedtime #30 is not medically necessary.