

<b>Case Number:</b>	CM14-0006476		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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, 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:

This is a 31 year old male patient with a 1/31/07 date of injury. A 1/15/14 progress report indicates constant low back pain radiating to the right lower extremity. Physical exam demonstrates lumbar tenderness. A 9/11/13 progress report indicated that Trazodone was not working well. Despite lack of response, Trazodone was prescribed on 9/11/13, and 12/14/13. Treatment to date has included medication management, physical therapy, chiropractic care, acupuncture, epidural and facet injections, and TENS unit. There is documentation of a previous adverse 1/6/14 adverse determination for lack of benefit with use of trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAZODONE 50 MG BY MOUTH AT NIGHT #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Trazodone

**Decision rationale:** The ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety.

Trazodone has also been used successfully in fibromyalgia. However, previous medical reports indicated that Trazodone has not worked well. There is no ongoing assessment of sleep pattern disturbances, adequate sleep hygiene, and response to previous Trazodone therapy. Therefore, the request is not medically necessary.