

<b>Case Number:</b>	CM14-0008254		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/22/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 52-year-old female with a reported date of injury on July 22, 2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral shoulder surgeries to the left and right shoulder, history of bilateral carpal tunnel release x2, history of bilateral ulnar release, and chronic pain syndrome. Her previous treatments were noted to include pain medications, surgeries, and exercise. The progress report dated December 10, 2013 reported the injured worker had been struggling with her sleep medications; she had trouble getting them filled at the pharmacy and had to pay out of pocket for them. The medications documented were noted to include Norco 10/325 mg one 4 times a day, MS-Contin 15 mg 1 at bedtime, Ambien CR 6.25 mg at bedtime as needed, Soma 350 mg twice a day, and Lidoderm patches. The request for authorization form dated December 19, 2013 was for Trazodone 50 mg #60 to help with sleep as the Ambien has continued to be a problem with getting it covered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAZODONE 50 MG # 60:** 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 and Stress, Trazadone (Desyrel).

**Decision rationale:** The injured worker was prescribed Trazodone for sleep because the Ambien wasn't covered. The Official Disability Guidelines recommend Trazodone as an option for insomnia, but only for injured workers with potentially co-existing mild psychiatric symptoms such as depression or anxiety. The guidelines state there is limited evidence to support the use for only insomnia, but it may be an option in injured workers with co-existing depression. The guidelines state evidence for the use of Trazodone for the treatment of insomnia is weak, the current recommendation is to utilize a combined pharmacological and psychological and behavior treatment when primary insomnia is diagnosed. The guidelines also state there has been no dose finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. There is a lack of documentation regarding depression or anxiety to support the request for Trazodone. The documentation provided does not support the use of Trazodone due to the injured worker not having a diagnosis or history relevant of depression that co-exists with insomnia to warrant this medication. Additionally, the request failed to provide the frequency at which the medication is to be utilized. The request for Trazodone 50 mg, sixty count, is not medically necessary or appropriate.