

<b>Case Number:</b>	CM14-0104803		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 55-year-old male with a 10/4/10 date of injury. At the time (6/3/14) of the request for authorization for Trazodone 100mg #90 2-3 q HS for sleep, there is documentation of subjective (back pain, sleep has been problematic) and objective (maintaining lower degree of depression and anxiety, same weakness and bulk reduction seen in the left quadriceps and hamstrings, baseline bulk reduction in the right lower extremity, bulk reduced in right thigh with some fasciculations noted, baseline mild intention tremor, hyperalgesic in left thigh, and patchy numbness over the anterior left knee) findings, current diagnoses (industrial injury to lumbar spine resulting in significant pain and weakness in the left lower extremity), and treatment to date (medications including opioids).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 100mg #90 2-3 q HS for sleep:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Chapter Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of industrial injury to lumbar spine resulting in significant pain and weakness in the left lower extremity. In addition, there is documentation of chronic pain and depression. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 100mg #90 2-3 q HS for sleep is medically necessary.