

<b>Case Number:</b>	CM14-0106689		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/25/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Occupational 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:

The claimant has dates of injury of 10/25/09 and 06/10/12. A request for Trazodone dated 04/09/14 is under review. The claimant has been diagnosed with acute lumbosacral strain with L4-5 disc disease and L3-4 disc aggravation on 10/25/09. She complains of persistent low back pain radiating to her legs. She has difficulty with prolonged standing, sitting, and sleeping and has tingling and numbness. He also had tenderness and 75% range of motion. An MRI dated 12/07/11 revealed mild degenerative changes of the lumbar spine and a new left foraminal disc protrusion with mild left foraminal narrowing at L3-4 and mild left foraminal narrowing L4-5 that was unchanged. Additional PT and medications were ordered. She also has a history of a chronic ankle sprain. She has been given medications including Trazodone to take at night. There is no documentation of depression. The indication for Trazodone is not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Respective request dated 4/9/2014 for Trazodone 50mg quantity #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): Formulary - trazodone

**Decision rationale:** The history and documentation do not objectively support the request for Trazodone taken at bedtime. The ODG formulary states Trazodone may be "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." The claimant reported some sleep problems but they are not fully described and no other methods of sleep hygiene have been described as having been tried and failed. There is no evidence that the claimant is being treated for depression. The medical necessity of the use of Trazodone has not been clearly demonstrated.