

<b>Case Number:</b>	CM14-0115566		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Anesthesia has a subspecialty in Acupuncture & Pain 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:

This is a 51 year old female injured worker with a date of injury of 5/9/09 with a report of related back pain. Per qualified medical exam dated 8/5/14, she reported daily pain at 6/10. She reported spasms in the back and bilateral hips. She also reported frequent cramping in both legs, and numbness and tingling in the right hand and the right thumb, right index and the right third digit. The sensation was severe and negatively affected the use of the right arm resulting in decreased functionality. She reported having trouble sleeping caused by pain that prevented her from falling asleep as well as waking her up at night. Her medications used were trazodone for insomnia and depression, and she admitted to depression and anxiety due to chronic pain. She has been treated with physical therapy, injections and medication management. The date of UR decision was 7/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50MG for insomnia #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Classifications, Specific Anti-Epilepsy Drugs Page(s): 18, 75. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Worker's Compensation Pain Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** With regard to insomnia treatment, the ODG guidelines state; "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia". However, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. The side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next day effect, such as ease of awakening. Tolerance may develop and rebound insomnia has been found to alter discontinuation. The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. While the Primary Treating Physician (PTP) did mention symptoms of depression, there is no documentation regarding insomnia. The request is not medically necessary.