

<b>Case Number:</b>	CM14-0125678		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Family 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 61 yr. old male claimant sustained a work injury on 8/27/04 involving the neck and back. He was diagnosed with lumbar radiculopathy, multilevel lumbar disc disease, cervical strain and left shoulder strain. A progress note on January 24, 2014 indicated the claimant had been using Norco for pain as well as Gabapentin. He had previously undergone physical therapy as well as epidural steroid injections. He had been using Trazodone for several months due to neuropathic pain and the time insomnia. He had 20% improvement in pain symptoms with the current medication regimen. He was continued on Trazodone 100 mg at night. He had been on Trazodone for over 4 years. A prior exam note in November 2010 indicated similar improvement in pain level as well as function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants and Page(s): 14-18.

**Decision rationale:** Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective and are considered a first-line treatment for neuropathic pain. In this case, the claimant had been taking Trazodone predominately as a sleep aid and for neuropathic symptoms. It has not been proven beneficial for lumbar root pain. Antidepressants are an option for radiculopathy but there are no high-quality studies to determine efficacy. Based on insignificant change in functionality over four years of Trazodone use, continued and prolonged use of Trazodone is not medically necessary.