

<b>Case Number:</b>	CM14-0133054		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 injured worker is a 57-year-old female who has submitted a claim for adjustment disorder with depressed and anxious mood, bilateral carpal tunnel syndrome, thoracic outlet syndrome, and musculoligamentous sprain and strain associated with an industrial injury date of January 29, 2003. Medical records from February 3, 2014 up to July 18, 2014 were reviewed showing that the patient was feeling the same, occasionally feeling sad, but doing better overall. Patient denied any side effects of treatment but mentioned in PR dated 2/14/14 that Wellbutrin was the most effective. Patient had been going out more frequently and able to go to the gym. MSE showed that the patient was well dressed, groomed, and clean. The patient was pleasant and cooperative. Her speech was normal in rate and tone. She was oriented to time, place, and person. There was no evidence of significant impairment in either short-term or long-term memory. Treatment to date has included Trazodone 100-150mg qhs prn, Prozac, Wellbutrin, and physical therapy. Utilization review from July 25, 2014 denied the request for Trazodone 150mg # 30. There was no mention of sleep impairment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 150mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone.

**Decision rationale:** The CA MTUS does not specifically address Trazodone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the patient has been taking Trazodone 100-150mg qhs prn since at least February 2014. Although the patient is diagnosed with adjustment disorder with depressed and anxious mood, there was no documentation of sleep impairment in any of the progress reports. Therefore the request for Trazodone 150mg # 30 is not medically necessary.