

<b>Case Number:</b>	CM14-0133447		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

This is a 47-year-old male with a date of injury of 3/4/14. The mechanism of injury occurred when he stepped on tubes in the ground and twisted his right ankle. On 7/30/14 he complained of right ankle pain with radiation to both legs. The pain was described as sharp with muscle pain. He was given Tramadol and Trazodone 50mg 1-2 tablets at bedtime as needed for depressed mood and insomnia #30. The patient is to be weaned off Norco and it will be replaced with the Tramadol. An opioid agreement was signed on this day, and a urine drug screen was performed today with results pending. On exam he had positive allodynia up to the right knee, tenderness to palpation over the right lateral malleolus/dorsum and bottom of the right foot. He had mild edema and the right foot was in a rigid boot. The diagnostic impression is right ankle medial malleolar fracture without displacement. Treatment to date: surgery right ankle ligament 6/3/14, physical therapy, medication management, work restrictions and home based exercise program. A UR decision dated 8/11/14 denied the request for Trazodone 50mg #30. The Trazodone was denied because improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. Therefore the modified certification was recommended to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg 1 to 2 PO QHS PRN #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain 2014, 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) Mental Illness & Stress Chapter Trazodone.

**Decision rationale:** CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Guidelines state that while prescribing Trazodone for depression has decreased, its off-label use of the drug for insomnia has steadily increased until it was the most frequently prescribed insomnia agent. The provider stated the he is prescribing the Trazodone 50mg 1-2 tablets at bedtime for insomnia and depressed mood. Therefore, the request for Trazodone 50mg 1-2 tablets at bedtime as needed, #30 was medically necessary.