

<b>Case Number:</b>	CM14-0133908		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/18/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 patient is a 56-year-old male with complaint of thoracic outlet syndrome s/p rib resection and displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of 09/18/2000. Medical records from 2012 to 2013 were reviewed. Patient apparently had a fall at work that was followed by a history of burning and deep, dull pain in the cervical region that occurs constantly. Patient developed thoracic outlet syndrome in the right and underwent a successful first rib resection in 2009. He still had reports of neck pain with radiation to the upper thoracic area and back of his shoulder. An MRI done in 2010 showed a degenerative disk at C5-6. He had previous treatments with epidurals and acupuncture with no noted relief. The utilization review cited a progress report from 06/18/14 which indicated that patient continued to experience neck pain rated 7/10 and shoulder pain rated 6/10 that appears to have been increasing in severity compared to previous follow-ups. The physical exam revealed normal cervical flexion, extension, lateral flexion and rotation. Negative for orthopedic tests including cervical compression and Spurling's. Restricted right shoulder range of motion, right sided grip weakness and subacromial crepitus were likewise noted and he was diagnosed with chronic pain syndrome. However, the most recent official progress reports mentioned in the UR dated 06/18/14, 02/21/14 and 01/27/14 was not included in the medical records submitted. Treatment to date has included TENs, chiropractic therapy, physical therapy, cervical pillows, acupuncture, cervical epidurals, surgery and medications (Percocet, Butrans, Omeprazole, medical marijuana and Trazodone since 09/24/12). Utilization review from 08/12/14 denied the request for Trazodone 50mg #30. The patient had complaints of some anxiety associated with the pain and some difficulty sleeping secondary to the pain, however patient was not specifically diagnosed with either insomnia, depression and anxiety disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Trazodone

**Decision rationale:** As stated on pages 13-15 of the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first-line option for neuropathic pain accompanied by insomnia, anxiety or depression and are considered first-line agents unless they are ineffective, poorly tolerated or contraindicated. 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. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. However, the CA MTUS does not address Trazodone specifically. Per the strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used to search for recommendations specific to Trazodone. Trazodone has been the most commonly prescribed agent for individuals with insomnia concomitant to diagnoses of anxiety and depression. It was however, not recommended as first-line option for primary insomnia. In this case, the patient was started on Trazodone since at least 09/24/12. Patient had complaints of some anxiety associated with the pain and some difficulty sleeping secondary to the pain; however, patient was not specifically diagnosed with either insomnia, depression and anxiety disorder in any of the progress reports submitted. Also, the most recent progress reports referenced above were not included in the documents submitted for review. Therefore, the request for Trazodone 50mg #30 is not medically necessary.