

<b>Case Number:</b>	CM14-0139066		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal 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 (IW) is a 54 year-old woman who states that she suffered psychiatric problems while working as a cook. She states that several months prior to January 2011, she was being harassed by a number of co-workers. The injured worker has complaints of severe anxiety and depression/stress, insomnia, herniated cervical disc with radiculopathy, hypertension secondary to pain. She subsequently had extensive treatment thereafter. The injured worker was referred for a psychiatric evaluation and an internal medicine evaluation. She will be started on physical therapy, and she is given an inferential unit for home use. She is given Anaprox for inflammation, Prilosec for gastritis, Norco for pain, Zanaflex for muscle relaxant, Gabadone for sleep, Remeron for anxiety and depression and Flexeril prn. Physical examination reveals neck pain, stress related (industrial), Degenerative cervical spine disease at C6-7 non- radicular (non-industrial), Bilateral shoulder pain, stress related (industrial), Bilateral carpal tunnel syndrome (non-industrial). Recommendations included neurodiagnostic studies for both upper extremities and MRI of the cervical spine; physical therapy; and continue medications. The injured worker has had 18 chiropractic sessions and psychotherapy as a result of her industrial injury. According to the office note dated June 13, 2014, the injured worker is still depressed as ever. Her recommendations were denies by the carrier, which was leading to worsening depression. The IW was in constant, chronic pain, which was worsening. She is getting no relief. Depression was severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100 mg, #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 7/10/14) Insomnia

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Insomnia treatment, Trazodone 100 mg, #100 is not medically necessary. Under the category for insomnia treatment, medication is recommended based on the etiology of the symptoms. Failure of sleep disturbance to resolve in 7 to 10 days may indicate a psychiatric and or medical illness. The medical need for this antidepressant, which happens to have sleep inducing properties, is not clearly documented in the medical record. The patient is concurrently on citalopram (another antidepressant). Consequently, the indication for Trazodone is unclear. It may be for depression and/or it may be for insomnia. This needs to be documented in the medical record. A short course (30 days) would be appropriate to enable the treating physician to assess the efficacy of this medication at decreasing the severity of depressive symptoms, decreasing the severity of insomnia and increasing injured worker's function overall. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Trazodone 100 mg number 100 is not medically necessary.

**Citalopram 40 mg, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 16, 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants, SSRI (Selective Serotonin Uptake inhibitors) Page(s): 16, 107.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Specific Antidepressants, Selective Serotonin Reuptake Inhibitors, the prescription for citalopram 40 mg #100 is not medically necessary. The guidelines state this class of antidepressants that inhibit serotonin reuptake a controversial based on controlled trials. A short course (30 days) would be appropriate for the treating physician to assess the efficacy of citalopram at decreasing the severity of the depression and increasing the injured workers overall function. So while this medicine is a first-line treatment, a short course or 30 day trial is appropriate. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, Citalopram 40 mg #100 is not medically necessary.