

<b>Case Number:</b>	CM14-0154648		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 North Carolina. 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 46-year-old with a reported date of injury of 08/05/2010. The patient has the diagnoses of sprain/strain of the neck carpal tunnel syndrome, rotator cuff sprain/strain and myofascial pain syndrome. Previous treatment modalities included shoulder surgery on 07/17/2014. Per the most recent progress reports provided by the primary treating physician dated 08/26/2014, the patient had complaints of increase shoulder pain at night. The physical exam was deferred. The treatment plan recommendations included pain management consult, continuation of medications and trial of Trazodone for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg 1 Tab by Mouth Every Night, 30 Tablets for 1 Month to Manage Pain and Depression Related to the Right Shoulder (Unspecified if dispensed or non-dispensed):**  
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) Mental Illness & Stress (updated 11/18/13); Pain (updated 11/14/13); Trazodone (Desyrel)

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacologic and/or psychological measures. Per the progress notes the requested medication is being prescribed to treat worsening insomnia. The patient also has evidence of coexisting psychiatric conditions as evidence by the fact the patient is also taking Celexa. For these reasons criteria set forth above by the Official Disability Guidelines for the use of this medication have been met. Therefore, the request is medically necessary.