

Case Number:	CM14-0175213		
Date Assigned:	10/28/2014	Date of Injury:	05/17/2012
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 Psychiatry, 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:

Injured worker is a 33 year old male with date of injury 5/17/2012. Per report dated 3/4/2014, the injured worker reported feeling a little better, less depression, improved self-esteem. It was suggested that he was sleeping fair with Trazodone 75 mg. He continued to experience anhedonia, loss of libido, poor concentration, increased appetite, irritability, anger, hopelessness, helplessness and anxiety. He was diagnosed with Major Depressive Disorder, single episode, moderate. He was continued on Effexor 225mg in mornings, Trazodone 75 mg nightly and Remeron was initiated at that visit. The provider recommended for the group Cognitive Behavior Therapy to be continued for depression and anxiety. Per report dated 4/3/2014 the Remeron was tapered and discontinued due to poor tolerance. He also underwent treatment with Repetitive Transcranial Magnetic Stimulation for depression. Report dated 10/10/2014 listed the subjective complaints of increased pain, difficulty sleeping and that the medications were refilled at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription of Trazadone 50mg #60 with one (1) refill: 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

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

Decision rationale: 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. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing Trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying Trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with Trazodone and Zolpidem during week one, but during week two the Trazodone group did not differ significantly from the placebo group whereas the Zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that Trazodone is equal to Zolpidem. (AHRQ, 2008) Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The submitted documentation suggests that the injured worker has been prescribed Trazodone for insomnia and the injured worker suffers from coexisting depression and anxiety symptoms. The request for One (1) Prescription of Trazadone 50mg #60 with one (1) refill is medically necessary.