

Case Number:	CM14-0177891		
Date Assigned:	10/31/2014	Date of Injury:	08/02/2000
Decision Date:	12/10/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 51 year old female with date of injury 8/2/2000. Date of the UR decision was 10/24/2014. According to report dated 10/24/2014, the injured worker complained of pain in the bilateral shoulders (right greater than left), radiating to the bilateral upper extremity. She was being prescribed Roxicodone for pain due to Carpal Tunnel Syndrome; Ativan 1 mg four times daily for Anxiety, Zanaflex for Subacromial Bursitis' Prevacid for Gastritis, Naprelan for Subacromial Bursitis, Pristiq and Lyrica for industrial Related Depression. Report dated 8/11/2014 indicated that she scored 45 on Beck Anxiety Inventory which is indicative of severe anxiety; she scored 51 on Beck Depression Inventory which is indicative of severe depression. The injured worker was diagnosed with Major Depressive Disorder, Single Episode, Moderate; Pain Disorder Associated with Psychological Factors and a General Medical Condition and Anxiety Disorder NOS. Treatment plan per that report was to discontinue Pristiq with initiation/crossover to low dose duloxetine; Abilify was continued and Ativan was to be slowly tapered. Per report dated 10/8/2014, Trazodone was added to the regimen as she complained of insomnia, worse pain, crying episodically and mood being down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 25 - 50 mg, thirty count with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 - 44.

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: Per ODG guidelines" Trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. 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. 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 injured worker has been diagnosed with Major Depressive Disorder, Single Episode, Moderate; Pain Disorder Associated with Psychological Factors and a General Medical Condition and Anxiety Disorder NOS. Per report dated 10/8/2014, Trazodone was added to the regimen as she complained of insomnia, worse pain, crying episodically and mood being down. Injured worker has coexisting symptoms of depression, anxiety and insomnia. The request for Trazadone 25 - 50 mg, thirty count with one refill is medically necessary. Will respectfully disagree with UR physician's decision.