

<b>Case Number:</b>	CM14-0059992		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 48 year old with an injury date on 8/9/11. Patient complains of lumbar pain, cervical pain, and bilateral shoulder pain per 3/27/14 report. Patient's cervical pain is almost constant with just sitting, pain rated 4/10 but goes up to 6/10 at its worst per 3/27/14 report. Patient can't take NSAIDs, has been denied further physical therapy, but is able to avoid narcotics with lose dose Trazodone and Celebrex per 3/27/14 report. Based on the 3/27/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical Radiculopathy 2. Chronic Pain Syndrome 3. Benign Prostatic Hypertrophy Exam on 3/27/14 showed "obese, weight up 7 pounds; decreased cervical range of motion by 30-35%; normal gait, motor strength normal in all groups; negative straight leg raise bilaterally." [REDACTED] is requesting Trazodone and Celebrex 200mg 1-2 QD. The utilization review determination being challenged is dated 4/23/14 and modifies request for Trazodone to 50mg #30 with no refills, and modifies request to Celebrex to 200mg #60 with no refills. [REDACTED] is the requesting provider, and he provided treatment reports from 8/8/13 to 6/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation ODG Guidelines, stress/mental chapter, for trazodone 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. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. 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. (Mendelson, 2005).

**Decision rationale:** This patient presents with back pain, neck pain, and bilateral shoulder pain. The provider has asked for Trazodone on 3/27/14. Patient has been taking Trazodone since 2/20/14. Provider states Trazodone has been "very effective" in the past per 3/27/14 report. The 3/27/14 report states patient has depression that accompanies chronic pain/disability. Regarding Trazodone, ODG Guidelines recommend as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the patient suffers from insomnia per 12/9/13 report and depression per 3/27/14 report, and prior use of Trazodone has proven effective, per provider's comments in 3/27/14 report. The requested Trazodone appears reasonable at this time for this patient's condition. Therefore, this request is medically necessary.

**Celebrex 200mg 1-2 QD:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , NSAIDs Page(s): 22, 67-68, 70-73, 20-21.

**Decision rationale:** This patient presents with back pain, neck pain, and bilateral shoulder pain. The provider has asked for Celebrex 200mg 1-2 QD on 3/27/14. Patient has been using Celebrex since 2/20/14 report. The 2/20/14 report states spine pain is treated adequately with Celebrex and reduces dependence on narcotics. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using Celebrex with effective relief for 2 months and requested Celebrex 200mg 1-2 QD is reasonable for this type of condition. Therefore, this request is medically necessary.