

<b>Case Number:</b>	CM14-0066505		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 04/12/12 when he was struck by a car while removing chains from his truck. He was treated in an Emergency Room. He has chronic low back pain with MRI showing bilateral foraminal stenosis with L4 nerve root impingement, a right knee strain, and left hip strain. Treatments included an epidural injection in November 2013 with benefit. He had been evaluated for surgery. Treatments included participation in a functional restoration program beginning in November 2013. He had complaints of difficulty initiating and maintaining sleep with an Epworth Sleepiness Scale score of 16. There had been a 25 pound weight gain. He was seen on 12/05/13 with low back pain, left buttock and numbness. He was having intermittent right knee pain without swelling with pain rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness and guarding with decreased range of motion. He was seen by the requesting provider on 04/11/14 with low back and left hip pain. He had completed treatment in the functional restoration program. A sleep study had been requested. The injured worker reported at least six months of insomnia with difficulty initiating sleep and waking up throughout the night. The assessment references a 25 pound weight gain and snoring. On 05/09/14 he was having ongoing back and left hip pain rated at 3/10 with medications and 7/10 without medications. He was having constipation attributed to his medications and his quality of sleep was fair. Medications were Neurontin 600 mg three times per day, Colace 100 mg two times per day, ibuprofen 800 mg two times per day, Senokot two tablets at night, Wellbutrin XL 300 mg per day, Oxycodone 10 mg three times per day as needed, Norco 10/325 mg three times per day as needed, and Trazadone 50 mg 1-2 times at night as needed for insomnia was prescribed. Physical examination findings included a height of 6 feet, 1 inch and weighs 321 pounds which corresponds to a BMI of 42.3 and a diagnosis of morbid

obesity. He had an antalgic and slow gait. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasm. There was positive left-sided facet loading and a positive left straight leg raise. Recommendations included a continued home exercise program and authorization for access to a gymnasium. Norco and Neurontin were discontinued and Oxycodone and Lyrica were prescribed. Colace and Senokot were discontinued and Amitiza was prescribed for constipation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trazadone 50mg #60:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

**Decision rationale:** The injured worker is more than two years status post work-related injury and continues to be treatment for chronic pain. He has difficulty sleeping and is overweight with report 25 pound weight gain and snoring. He has an Epworth Sleepiness Scale Score of 16, meeting criteria for consideration of a sleep specialist evaluation. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is a high likelihood that the injured worker has secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazadone without an adequate evaluation of the injured worker's insomnia is not medically necessary.