

<b>Case Number:</b>	CM14-0068766		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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:

This is a patient with a date of injury of 9/12/02. A utilization review determination dated 5/12/14 recommends non-certification of trazodone and Voltaren gel. 3/12/16 medical report identifies that the patient has been off work due to illegible. Headaches worse. On exam, there is neck tenderness. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Trazodone, California MTUS does not specifically address trazodone. ODG cites that sedating antidepressants such as trazodone "have also been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression." Within the documentation available for review, there is no indication of insomnia and/or depression.

Additionally, as with any medication, the medical necessity of continued use depends in part on efficacy of the medication, and there is no documentation identifying improvement in the patient's insomnia and/or depression or another clear rationale for ongoing use of this medication. In the absence of such documentation, the currently requested trazodone is not medically necessary.

**Voltaren Gel 1%:** 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), Treatment in Workers Compensation, 2014, web-based edition. Voltaren Gel; [http://www.dir.ca.gov/tB/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/tB/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Voltaren gel, California MTUS notes that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. In the absence of such documentation, the currently requested Voltaren gel is not medically necessary.