

<b>Case Number:</b>	CM14-0070608		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 injured worker is a 40 year old male with a reported date of injury on July 09, 2010. The mechanism of injury is described as falling into an open valve box. The current diagnosis is listed as unspecified insomnia (780.52). Treatment has included Suboxone sublingual and Ambien. An anterior lumbar interbody fusion (ALIF) was done March 29, 2011 to help alleviate back pain which would in turn help the injured worker sleep. According to a progress noted dated April 3, 2014, the injured worker is noted to be treating with a psychologist two times a month for depression. The note further indicates the injured worker has significantly improved in terms of limiting use of pain medication since recent discharge of a detoxification program. Trazadone was recommended to prevent potential addiction to Ambien. Trazodone 150 milligrams is currently being requested and was previously denied on a utilization review dated April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 150mg #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), Mental Illness and Stress.

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

**Decision rationale:** CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. Benzodiazepine-receptor agonists are first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Trazodone is an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety, however, there is less evidence to support its use for insomnia. As per ODG, insomnia treatment is recommended based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific etiological component of insomnia should be addressed: ODG indicates there is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. In this case, there is no documentation that the patient has had a detailed evaluation for insomnia as stated above. Thus, the request for Trazodone is not medically necessary and appropriate, per guidelines.