

<b>Case Number:</b>	CM14-0077301		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review indicate that this 44-year-old female was reportedly injured on 9/29/2011. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 4/16/2014, indicated that there were ongoing complaints of neck pain that radiated into the right upper extremity and low back pain that radiated in the bilateral lower extremity. The physical examination demonstrated positive tenderness to palpation in the cervical spine and paraspinal muscles right and left, positive tenderness to palpation of the bilateral trapezius muscles, limited cervical range of motion, guarding of the right upper extremity, muscle strength right upper extremity 4-/5 and 5-/5 in the left, altered sensation throughout the right arm and fingers, decreased range of motion of the lumbar spine secondary to pain, lower extremity strength 5/5 equal bilaterally and reflexes 2+, decreased sensation in the 2nd and 3rd toe of the right foot and left foot 2nd toe. Slow emulation any forward-flex position and antalgic gait. No recent diagnostic studies are available for review. Previous treatment included medications, trigger point injections, and conservative treatment. A request was made for Trazodone 50mg #90 and was not certified in the pre-authorization process on 5/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg Tablets 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures - Medications: Antidepressants Page(s): electronically sited.

**Decision rationale:** Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. MTUS/ACOEM practice guidelines do not support Trazodone for treatment of chronic persistent pain without depression. Review, of the available medical records, fails to document a diagnosis of depression. As such, this request is not considered medically necessary.