

<b>Case Number:</b>	CM14-0083489		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/30/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 45-year-old female with a 3/30/08 date of injury. At the time (5/14/14) of request for authorization for Trazodone there is documentation of subjective (neck pain radiating to the upper extremities with numbness in the fingertips; headaches, facial pain, sleeplessness, anxiety, and depression) and objective (tenderness to palpation over the cervical spinous processes, decreased cervical range of motion, and increased muscle tone of the trapezius with palpable tenderness) findings. The current diagnoses are headache and jaw pain. The treatment to date includes ongoing treatment with Trazodone. In addition, medical report plan identifies Trazodone for insomnia/depression. Furthermore, 5/30/14 medical report identifies that ongoing treatment with Trazodone results in benefit with improved function and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg QTY: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants; Trazodone.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. In addition, Official Disability Guidelines identifies that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Within the medical information available for review, there is documentation of diagnoses of headache and jaw pain. In addition, there is documentation of chronic pain. Furthermore, there is documentation of insomnia with coexisting mild psychiatric symptoms such as depression and anxiety. Lastly, given documentation of ongoing treatment with Trazodone resulting in benefit with improved function and sleep, there is documentation of functional benefit or improvement as an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 50mg quantity 90 is medically necessary.