

<b>Case Number:</b>	CM14-0207048		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/20/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 26 year old female sustained a work related injury on 03/20/2010 when she was lifting up some grocery items from the bottom of a grocery cart and developed lower back pain. According to a Multidisciplinary Functional Restoration Evaluation dated 09/04/2014, the injured worker had pain in four areas of her low back with only limited extension into the right buttocks with walking. Pain was highly variable depending on pain medication and activity. She felt that her physical condition and pain condition had been declining and she was spending more time in bed. She reported significant sleep disturbance and cognitive disruption. According to a provider note dated 11/19/2014, the injured worker was complaining of sleep maintenance difficulty. She had tapered Duragesic to 50mcg every two days and was tapering off Norco. Current medications included Catapres-tts patch, Duragesic Patch and Norco. Diagnoses included disc degeneration nos, spinal stenosis of lumbar region without neurogenic claudication and pain disorder with both psychological and an orthopedic condition. Treatment plan included Trazadone 50mg every bedtime for treatment of insomnia and sleep maintenance. According to the provider note, the Official Disability Guidelines treatment for insomnia included the use of sedating anti-depressants. Trazadone was noted to be one of the most commonly prescribed agents for insomnia. It was noted to be non-habit forming and does not interfere with sleep architecture, thus promoting an increase in restorative sleep. On 12/02/2014, Utilization Review non-certified Trazadone 50mg 1/2 -1 tab every HS #15. According to the Utilization Review physician, use of anti-depressants and anti-epileptics are endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. In

the current clinical context, documentation identified a prescription of these medications, but did not identify that there had been significant function benefit that would support ongoing use. Per Official Disability Guidelines, sedating antidepressants have also been used to treat insomnia; however, there was less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Guidelines cited for this review included Official Disability Guidelines Pain, Insomnia Treatment. The decision was appealed for an Independent Medical Review

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

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

**Trazadone 50mg 1/2-1 tab Q HS #15:** 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, Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress, Trazodone

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg one half one tablet QHS #15 is not medically necessary. Trazodone is recommended for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. For additional details see the guidelines. In this case, the injured worker's working diagnoses are disc degeneration; spinal stenosis of lumbar region without neurogenic claudication; and pain disorder with body psychological factors and an orthopedic condition. Subjectively, the injured worker, in a progress note dated November 19, 2014, presents for functional restoration #3. The documentation indicated the maintenance difficulties. She was presently tapering off Norco. Objectively, there were no objective findings documented in the medical record. Trazodone 50 mg was added to the medical regimen on November 19, 2014. The medical regimen consisted of Duragesic 50 mcg patch every two days and Norco 10/325 one tablet Q ID as needed and Catapres TTS patch. There is no documentation of any coexisting psychiatric symptoms such as depression or anxiety. The guidelines indicate trazodone is recommended for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Consequently, absent documentation supporting coexisting mild psychiatric symptoms in conjunction with sleep maintenance difficulties, trazodone 50 mg one half one tablet QHS #15 is not medically necessary.