

<b>Case Number:</b>	CM15-0105014		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/11/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on 12/11/06. The initial complaints of the injured worker were that he got his left knee caught in a ladder. The diagnoses have included left knee pain status post left knee arthroscopy times three, neck pain status post cervical discectomy and fusion, bilateral carpal tunnel syndrome, hypertension, obesity, chronic low back pain, insomnia and depression. Treatment to date has included medications, activity modifications, orthopedic consult, and surgery, physical therapy, off of work, diagnostics and other modalities. Currently, as per the physician progress note dated 4/29/15, the injured worker complains of neck and left knee pain and has had several falls from the knee giving out. The physician is recommending total knee replacement. The injured worker states that he gets relief with the medications. The pain is decreased from 9/10 on pain scale to 5/10. He also complains of difficulty sleeping in which Lunesta was beneficial but was denied. He was provided with Trazadone and it helped with some symptoms down his arms and sleep but was not as effective as the Lunesta. The objective findings reveal that he walks with the assistance of a brace to the left knee and denies falls in the last month with use of the brace. He has an antalgic gait favoring the left side, the knees are tender across the joint line, he has decreased range of motion with flexion and range of motion is about 0-90 degrees. The current medications included Norco, Relafen, Zolof, Lunesta, Flexeril and Trazadone. The urine drug screen dated 2/26/14 was consistent with medications prescribed. The work status is not working. The physician requested treatment included Trazodone 50mg #60.

## 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic) - Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia.

**Decision rationale:** The claimant sustained a work-related injury in December 2006 and is being treated for neck and left knee pain. He has insomnia and Lunesta was being prescribed but was not authorized. When seen, pain was rated at 5/10 with medications. Trazodone had helped with his arm symptoms and with sleep. There was bilateral knee joint tenderness with decreased range of motion and he had a limp. There had been a 60 pound weight gain since injury and his BMI was over 34. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant is obese and may have secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.