

<b>Case Number:</b>	CM15-0107891		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 38-year-old male, who sustained an industrial injury on 6/6/11. He reported injury to his neck and left shoulder related to a motor vehicle accident. The injured worker was diagnosed as having cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included physical therapy, a lumbar MRI on 3/27/12 and psychiatric treatments. Current medications include Trazodone (since at least 12/2011), Gabapentin, Ketamine cream, Ibuprofen and Buprenorphine. As of the PR2 dated 4/13/15, the injured worker reports chronic neck, back and shoulder pain. He continues to benefit from current medications. The treatment plans includes a cervical epidural injection and oral medications. The treating physician requested Trazodone 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone tab 50 mg #90 for 30 day supply: 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 chapter Trazodone (Desryel).

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

**Decision rationale:** The Official Disability Guidelines comment on the treatment of insomnia. These guidelines recommend that treatment be based on the etiology, with the medications recommended below. 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 component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Regarding the use of Trazodone as a treatment of insomnia, these guidelines state the following: Sedating antidepressants (e. g., Amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. In this case, Trazodone has previously been approved for the treatment of this patient's insomnia; as there is evidence of coexisting depression. However, there is insufficient evidence in support of its continued use. It was noted in the medical records that the patient was continuing to have a sleep disturbance, despite the use of Trazodone and that the patient was having significant adverse side effects from this medication impacting next day functioning and the quality of sleep. Further, there is insufficient evidence in the records that the patient has undergone a careful assessment as to the potential causes for his sleep disorder. Given these concerns, the continued use of Trazodone cannot be justified. Trazodone is not medically necessary.