

<b>Case Number:</b>	CM15-0132484		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female sustained an industrial injury on 9/09/13. She subsequently reported neck, left shoulder and right elbow pain. Treatments to date include nerve conduction testing carpal tunnel release surgery, physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience left shoulder and biceps pain, left hand numbness and burning sensation of the bilateral elbows. Upon examination, tenderness is noted in the levator scapuli of the cervical spine. Cervical spine ranges of motion are reduced. Tenderness is noted in the left biceps tendon groove. Bilateral shoulder ranges of motion are reduced. Neer's and Hawkins are positive on the left. Left wrist dorsiflexion and palmar flexion is reduced and there is positive Tinel's sign over the cubital tunnel of the left elbow. A request for Trazodone 50mg #30 with 1 refill was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

**Decision rationale:** There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression or insomnia requiring treatment with Trazodone. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50 MG #30 with 1 Refill is not medically necessary.