

<b>Case Number:</b>	CM15-0139343		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This 48 year old female sustained an industrial injury on 10/11/11. She subsequently reported bilateral hand and wrist pain. Diagnoses include shoulder pain, carpal tunnel syndrome and radiculopathy. Treatments to date include nerve conduction testing, carpal tunnel surgery and prescription pain medications. The injured worker continues to experience right wrist and right upper extremity pain. Upon examination, cervical spine range of motion is reduced. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Cervical facet loading is positive on both sides. The right shoulder exam reveals tenderness in the acromioclavicular joint, Neer and Hawkins testing was positive. A request for Trazodone 100mg, 1 at bedtime #30 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 100mg, 1 at bedtime #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

**Decision rationale:** The claimant sustained a work injury in October 2011 and is being treated for right upper extremity and right wrist pain. When seen, she had a decreased activity level. She was having gastrointestinal upset after tramadol was switched to ibuprofen. Her past medical history included diabetes and hypertension. Physical examination findings included eight BMI of over 41. There was decreased cervical spine range of motion with positive facet loading and positive Spurling's testing. There was right acromioclavicular joint tenderness with positive impingement testing. Medications were refilled including Trazodone 100 mg at bedtime. 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.