

<b>Case Number:</b>	CM15-0141672		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 67 year old female who sustained an industrial injury on 12-11-12. In a follow up evaluation dated 6-24-15, the treating physician notes diagnoses are discogenic cervical condition with MRI showing stenosis from C3 through C7 with facet involvement and foraminal narrowing, nerve studies; 2-25-15 reveal carpal tunnel syndrome-moderate on the right and minimal on the left with no radiculopathy, impingement syndrome along the shoulder on right with bicipital tendonitis with MRI-partial rotator cuff, status post rotator cuff repair; and labral repair, Impingement syndrome of shoulder-left with MRI-partial rotator cuff tear and lesion on the humerus, status post one injection to subacromial space with 30 days relief, epicondylitis bilaterally and laterally, status post one injection to the epicondyle-right, intersection syndrome bilaterally, stenosing tenosynovitis first extensor compartment on the right with negative Finkelstein's test, wrist joint inflammation right and left-MRI right wrist shows ulnar impaction, partial tear of the triangular fibrocartilage complex ligament, median nerve neuritis, carpometacarpal joint arthritis, MRI-left wrist-shows partial tear along ulnar attachment of triangular fibrocartilage complex ligament, cyst along scapholunate ligament, edema along trabeculae of ulnar aspect of lunate suggestive of ulnar impaction and mild subluxation of extensor carpi ulnar-wise-status post fracture, status post one injection to base of thumb-left, radial ulnar joint inflammation, chronic pain syndrome with element of weight gain, sleep and stress. She still has pain in the neck, shoulders, elbows and wrists. She had a Cortisone injection the previous visit in the left shoulder which gave her good temporary relief. She complains of pain in the left elbow with swelling and some numbness and tingling and pain in the wrist, more

so on the left side. She had surgery in the right shoulder in January. She has access to gloves and hot and cold wrap and takes medications as needed. She is currently not working. Medications are Norco, Trazadone, Naproxen, and Protonix. Objective exam notes tenderness along both shoulders, pain along the medial greater than lateral epicondyle on the left with swelling across the extensor of the forearm. There is tenderness along the wrist with some weakness with wrist flexion and extension bilaterally. The treatment plan notes Trazadone 50mg for insomnia. The requested treatment is Trazadone 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 cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for Trazodone, California MTUS guidelines are silent regarding the use of Trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Given this, the current request is not medically necessary.