

<b>Case Number:</b>	CM15-0146565		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 56 year old female, who sustained an industrial injury on 11-17-2008. On provider visit dated 07-02-2015 the injured worker has reported ongoing bilateral upper extremity pain. Objective findings were noted as no significant changes. The diagnoses have included bilateral forearm pain, lateral epicondylar ectomy x2, status post right radial nerve release on 04-04-2012 and left radial nerve release on 08-29-2012, bilateral hand pain and bilateral carpal tunnel release in 2009. The injured worker was noted as not working but actively looking for a job. Treatment to date has included laboratory studies and current medication listed as Norco, Motrin, Atenolol, Hydrochlorothiazide and Trazodone. The provider requested Trazodone.

### 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) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in November 2008 and continues to be treated for bilateral upper extremity pain. Treatments have included multiple upper extremity surgeries with the last done in 2009. When seen, her physical examination was unchanged. The previous assessment documents bilateral lateral epicondyle tenderness and pain with resisted wrist extension. Medications were refilled. Trazodone 50 mg one-to at night was being prescribed for insomnia. 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 has difficulty sleeping due to pain. Attempting further treatment of his night time pain would potentially be effective. Continued prescribing of Trazodone is not medically necessary.