

<b>Case Number:</b>	CM15-0184025		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/30/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 7-30-1999. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder with anxiety features. On 7-21-2015, the injured worker reported worsening anxiety and depression after the psych meds were denied by insurance a few months previously. The Primary Treating Physician's report dated 7-21-2015, noted the injured worker stayed in bed on some days, crying often, and easily irritated. The injured worker was noted to feel very anxious most of the time. The mental status examination was noted to show the injured worker alert and oriented x3, with no psychomotor abnormalities. The injured worker's current medications included Ambien, Trazodone, Celebrex, Norco, and Gabapentin, with previous medications of Prozac and Wellbutrin. The injured worker noted the injured worker with decompensation after stopping medications with treatment plan was noted to include restarting Prozac and Wellbutrin, with continued Ambien and Trazodone, prescribed since at least 4-3-2015. The Physician noted that although the injured worker's psychiatric condition could not be cured, the requested treatment services were essential to prevent deterioration and to provide sufficient symptom relief to allow even minimal functioning at home and in the community. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 7-21-2015, requested Trazodone 100mg #180. The Utilization Review (UR) dated 8-27-2015, non-certified the request for Trazodone 100mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone (Desyrel).

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

**Decision rationale:** Guidelines recommend trazodone for treatment of insomnia for patients who have co-morbid symptoms of mild depression. In this case, the patient complaints of psychiatric symptoms but is already on antidepressants and a sleeping pill. There is no justification provided for adding yet another antidepressant agent. The request for trazodone 100 mg #180 is not medically appropriate and necessary.