

<b>Case Number:</b>	CM15-0188774		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 male individual who sustained an industrial injury on 6-6-02. The medical records indicate that the injured worker is being treated for cervical postlaminectomy syndrome; chronic neck pain; cervicgia; thoracic spine pain; depression; anxiety; chronic insomnia. He currently (9-14-15) complains of pain in the head, bilateral arms, neck, bilateral shoulders, bilateral elbows and bilateral hands with no change since last visit. His pain level was 7 out of 10 without medications and with medications 2-3 out of 10. He reports he wakes up 3 times during the night, does not nap during the day, watches TV prior to sleep, it takes him 15-30 minutes to fall asleep and he uses a sleep medication. His mood has been stable. His current medication regimen helps with daily function per treating provider. Treatments to date include chiropractic treatments; physical therapy; ice; heat; medications: Norco, Ambien, Ibuprofen, Miralax, Baclofen, Cymbalta (past 6-5-12): (current 9-14-15); Norco, Cymbalta, Lansoprazole, Ibuprofen, Baclofen, Trazodone (since at least 12-11-13), Miralax, Lamotrigine, Fentanyl; status post arthrodesis, anterior C6-7. The request for authorization dated 9-10-15 was for Trazodone 50mg for insomnia #60 with 3 refills. On 9-17-15 Utilization Review non-certified the request for Trazodone 50mg #60 with 3 refills and modified to one prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone HCL 50mg #60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. There is some noted improvement in sleep and mood with this medication. Patient has neuropathic pain with sleep issue. While continued Trazodone is recommended, this request includes 3 refills which would give patient up to 4 months of unmonitored medications which does not meet MTUS guidelines concerning monitoring and documentation. The request for Trazodone with refills is not medically necessary.