

<b>Case Number:</b>	CM15-0189127		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/04/2015
<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: Physical Medicine & Rehabilitation

### 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 injured worker is a 53 year old female, who sustained an industrial injury on 09-05-2008. The injured worker was diagnosed as having discogenic neck condition with facet inflammation and foraminal narrowing, epicondylitis medially and laterally status post release, ulnar nerve transposition on the right, discogenic lumbar condition and chronic pain. On medical records dated 08-26-2015 and 07-08-2015, the subjective complaints were noted as neck pain, back and right elbow pain. Objective findings were noted as tenderness along the lateral epicondyle, motion of right elbow was noted as satisfactory and grip was weak. Tenderness along the cervical spine and lumbar spine was noted. Tenderness along the lumbar nerve was noted as well at the elbow. Treatments to date included medication. The injured worker was noted to be working. Current medications were listed as Vicodin and Motrin The Utilization Review (UR) was dated 09-14-2015. A request for Trazodone was submitted. The UR submitted for this medical review indicated that the request for Trazodone was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg Qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - 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) Stress/mental chapter under Trazodone.

**Decision rationale:** The 53 year old patient complains of pain in lower back, neck and right elbow along with stress, anxiety, sleep issues, and depression, as per progress report dated 08/26/15. The request is for TRAZODONE 50 mg QTY 60. The RFA for this case is dated 08/26/15, and the patient's date of injury is 09/05/08. Diagnoses, as per progress report dated 08/26/15, included discogenic neck condition with facet inflammation and foraminal narrowing; medial and lateral epicondylitis, status post release; right ulnar nerve transposition; discogenic lumbar condition; and weight gain, GERD, anxiety, depression and balance issues, secondary to chronic pain. Medications included Vicodin, Motrin, Aciphex, Trazodone and Effexor. The patient is working, as per the same progress report. ODG Guidelines, stress/mental chapter under Trazodone states: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, the patient experiencing anxiety, stress, sleep issues and depression, secondary to pain, as per progress report dated 08/26/15. It appears that the patient's Trazodone was approved on 03/29/15. However, the treater did not receive the medication until the 08/26/15 visit. The treater is requesting for authorization of Trazodone for future visit. The efficacy of the medication is not known. While the treater does not provide specific diagnoses for insomnia, he does state that the patient has "issues with sleep, stress and depression." ODG supports the use of Trazodone in patients with insomnia and coexisting depression. The request, therefore, appears reasonable and IS medically necessary.