

<b>Case Number:</b>	CM15-0193326		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial injury on December 8, 2009, incurring leg and shoulder injuries. She was diagnosed with a tear of the medial meniscus, right knee internal derangement, brachial plexus of the left upper extremity and left shoulder rotator cuff tear. Treatment included pain medications, muscle relaxants, sleep aides, muscle relaxants, neuropathic medications, topical analgesic cream, and a surgical left shoulder rotator cuff repair. Currently, the injured worker complained of worsening left upper extremity pain revealing purple mottled discoloration. She noted cervical neck pain and stiffness with limited range of motion of her neck, upper back and left shoulder. She had limited lumbar flexion and extension motion, interfering with her activities of daily living. The injured worker reported persistent bilateral knee pain interfering with her activities including household activities and chores. The treatment plan that was requested for authorization on September 21, 2015, included a prescription for Trazadone 100 mg #60. On September 11, 2015, a request for a prescription for Trazadone was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Stress, Trazodone for sleep, Sedating anti-depressants.

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

**Decision rationale:** Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. In this case, the claimant did not have the above diagnoses. The claimant was provided two medications of the same class (Elavil and Trazadone). The request for Trazadone is not within the guidelines of use nor is it indicated to combine with multiple tricyclics. The Trazadone is not medically necessary.