

<b>Case Number:</b>	CM15-0198881		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

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 48 year old female, who sustained an industrial injury on 5-17-06. The injured worker is being treated for anterolisthesis C4-5, significant disc collapse C5-6 and C6-7, cervical radiculopathy of right upper extremity, facet arthropathy C4-5, C5-6 and C6-7, degenerative changes of thoracic spine with mild scoliotic curvature, degenerative disc disease of lumbar spine, facet arthropathy L4-5 and L5-S1 bilaterally and right medial epicondylitis. Urine toxicology report dated 7-16-15 was consistent with medications prescribed. Treatment to date has included oral medications including Zanaflex 4mg, Ambien 10mg, Oxycontin 20mg and Oxycodone 15 mg; physical therapy, chiropractic treatment, injections and activity modifications. On 7-16-15 she reported ongoing difficulty with headaches as well as pain in neck, bilateral shoulders, mid back, low back, sacral area and extending from elbows to hands and on 9-16-15, the injured worker complains of ongoing difficulty with pain in neck, shoulders, upper back, bilateral elbows, forearms and hands as well as low back; she rates her pain 2 out of 10 and with flare up 5 out of 10. She notes medications are continuing to work very effectively in controlling pain symptoms at a sufficient level. She also notes relief begins within 20-30 minutes of taking medication and relief last approximately 3-4 hours and she notes "medications help improve her functional independence for activities of daily living and her ability to access the local community." She is not working. Physical exam dated 7-16-15 revealed limited range of motion of lumbar spine and loss of sensation at C8 distribution; physical exam for progress note dated 9-16-15 was not included for review. Treatment plan dated 7-16-15 requested

Oxycontin and Oxycodone; treatment plan for date of service 9-16-15 was not included for review. On 9-29-15 request for Trazodone 50mg #60 was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trazodone 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) Mental Illness & Stress Chapter, Trazodone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition. Trazodone.

**Decision rationale:** MTUS guidelines are silent on the issue of Trazodone. Likewise, ODG guidelines were referenced. ODG states that Trazodone is "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." Regarding this patient's case, there is no documentation of formal psychiatric diagnoses nor documented efficacy with this medication. Likewise, this request is not considered medically necessary.