

<b>Case Number:</b>	CM15-0201246		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for trazodone (Desyrel). The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of low back pain, shoulder, and knee pain status post earlier failed lumbar spine surgery. The applicant was Norco and Flexeril, the treating provider reported. 3/10 pain with medications versus 1/10 pain without medications was reported. Attending provider suggested in one section of note that the applicant was working and exercising with his medications in place. The applicant's past medical history was notable for migraine headaches, it was reported. The applicant had reportedly ceased smoking, it was reported. Trazodone was endorsed for chronic pain and sleep purposes while Norco and Flexeril were refilled. 25-pound lifting limitation was imposed. It was suggested that the applicant was working with said limitation in place. On August 9, 2015, it was stated that the applicant was having minimal issues with depression superimposed on issues with nighttime muscle spasms and sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Desyrel 50mg, #30: Overturned**

**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 and Stress Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Mental Illness & Stress.

**Decision rationale:** Yes, the request for Desyrel (trazodone), an atypical anti-depressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the request in question was framed as a first-time request for trazodone (Desyrel), initiated on September 8, 2015. The applicant was described as having issues with chronic pain and sleep disturbance present on that date. The applicant was described as having issues with low-grade depression present on August 9, 2015. The MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anti-depressants such as trazodone (Desyrel) may be helpful in alleviating symptoms of depression, as were seemingly present here. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-depressants such as trazodone do represent a first-line option for neuropathic pain, as was present here in form of the applicant's residual lumbar radicular pain complaints, while ODG's Mental Illness and Stress Chapter Trazodone topic does recommend usage of trazodone for applicants with insomnia and/or superimposed mild psychiatric symptoms such as depression, as was seemingly present here. Therefore, the first-time request for trazodone (Desyrel) was medically necessary.