

<b>Case Number:</b>	CM15-0213931		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Florida, 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 injured worker is a 56-year-old female, who sustained an industrial injury on 11-30-2010. The injured worker was being treated for right shoulder pain, status post superior labral tear from anterior to posterior repair, and left shoulder pain. The injured worker (8-5-2015) reported ongoing right shoulder pain. The injured worker (9-2-2015) reported ongoing bilateral shoulder pain. She reported that Trazodone helps with some of the paresthesias down her fingers and helps her sleep at night. The physical exam (8-5-2015, 9-2-2015) included a musculoskeletal assessment, but no documentation of a neurological or psychological exam. The injured worker (9-30-2015) reported ongoing right shoulder pain. The injured worker did not report any sleep complaints, insomnia, or sleep disturbances. Per the treating physician, the physical exam (9-30-2015) revealed no significant changes in the objective findings. The physical exam did not include documentation of a neurological or psychological exam. Per the treating physician (5-18-2015 report), Trazodone was being used for the injured worker's insomnia and in addition, she has anxiety and depression due to chronic pain. There was no sleep study included in the provided medical records. Treatment has included psychotherapy and medications including pain, antidepressant (Trazodone since at least 1-2015), and muscle relaxant. Per the treating physician (9-30-2015 report), the injured worker's work status is modified. On 10-12-2015, the requested treatments included Trazodone 50mg. On 10-15-2015, the original utilization review modified a retrospective request for Trazodone 50mg #30 (DOS: 09/30/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Trazodone 50mg #30 (DOS: 09/30/15): 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 Chapter; Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress/Mental, under Trazodone.

**Decision rationale:** This claimant was injured 5 years ago. There was a right shoulder labral tear. Per the claimant, the Trazodone helps with paresthesias [which is not what Trazodone is intended for], and helps with sleep at night. There however is no mention of insomnia, the degree of insomnia, quantification of insomnia, or any clinical verification of insomnia. Regarding Trazodone, the MTUS is silent. The ODG notes, in the Stress/Mental section: 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. Trazodone has also been used for fibromyalgia. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008). However, evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. In this case, the evidence support either for primary psychiatric disorder usage, or as an option for a primary insomnia with coexisting psychiatric symptoms, is poor. The request is not medically necessary.