

<b>Case Number:</b>	CM15-0216150		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 05-06-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for sleep apnea, coronary artery disease, right knee pain, right ankle and foot pain, bursitis, anxiety and insomnia. Medical records (05-18-2015 to 10-15-2015) indicate ongoing chronic right hip, knee and ankle pain. Pain levels were 7-8 out of 10 in severity on a visual analog scale (VAS). Additional complaints included difficulty sleeping. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-15-2015, reported that the IW was anxious and in pain. No other physical findings were noted. Relevant treatments have included: physical therapy (PT), injections, psychiatric treatments, work restrictions, and medications (trazodone for insomnia since 09-2015). The request for authorization (10-15-2015) shows that the following medication was requested: trazodone 50mg #60. The original utilization review (10-29-2015) non-certified the request for trazodone 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg tablet #60, per 10/15/2015 order:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone.

**Decision rationale:** Regarding Trazodone, the above-cited guidelines say: "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. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, 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. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." The employee has a history of depression and insomnia however the available medical record notes that this IW is under the care of a psychiatrist who is currently prescribing 2 benzodiazepines and a SNRI. There is no psychiatric note detailing the failure of the BZD's for the IW's anxiety and insomnia. Further, the use of multiple serotonergic medications is not indicated due to the risk of serotonin syndrome. Trazodone 50mg tablet #60 is not medically necessary.