

<b>Case Number:</b>	CM15-0038355		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who sustained an industrial injury on 3/8/00. It was noted that she was involved in a motor vehicle accident in 2009 causing temporary flare up of neck and back pain and requiring surgery to her right knee in 2011. In 2012, she had a slip and fall when her left leg gave out. She currently is experiencing pain in the left front of her head, base of her skull, neck, chest, ribs, spine, both arms, shoulders and knees. She has problems with memory, concentration and sleep. Her activities of daily living are mildly compromised because of difficulty holding on to, for example pots. Medications include oxycontin, Percocet, Imitrex, Nexium, Flexaril, trazadone, Motrin and Zanaflex. Her treating physician suggested reducing her narcotic use but the injured worker fears that her daily functioning would become more limited than it is. Pain intensity with medications is 5/10 and 10/10 without medications. Diagnoses include chronic neck pain, chronic low back pain, right sided thoracic pain with T7 and T9 compression fractures, bilateral shoulder pain, headaches, insomnia, depression and anxiety and status post motor vehicle accident 2/6/14. Treatments to date include medications, Botox injection into lower back. Diagnostics include cervical MRI (2006) and (3/3/10) both with abnormal findings; lumbar MRI 2006 and 3/3/13 both showing abnormal findings; MRI thoracic spine 2/5/13 was abnormal. In the progress note dated 2/4/15 the treating provider refilled trazadone 50 mg indicating that it increased her sleep from 1 to 3 hours to 3 to 4 hours per night.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg Qty 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 Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, stress/mental chapter, Trazodone.

**Decision rationale:** According to the attending physician report dated 2/4/15, the patient has ongoing complaints of neck, back and right shoulder pain. The current request is for Trazadone 50mg Qty: 60. ACOEM and MTUS do not address the use of Trazadone. The ODG has the following to say, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The guidelines also state that other pharmacologic therapies to manage insomnia should be tried. 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." After carefully reviewing the medical records provided, there is no documentation to support Trazadone at this time. There is no documentation that the patient has tried other pharmacologic therapies to manage insomnia. There is no mention of coexisting psychiatric symptoms such as depression or anxiety. Based on the provided information the request for Trazadone is not supported by medical evidence and as such, the recommendation is for denial.