

<b>Case Number:</b>	CM15-0043650		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/11/1992
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: North Carolina  
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 65 year old female, who sustained an industrial injury on September 11, 1992. She reported back pain. The injured worker was diagnosed as having headache, cervicgia, lumbago, postlaminectomy syndrome of lumbar region and carpal tunnel syndrome. Treatment to date has included medication, injection therapy, heat, surgery, physical therapy and TENS unit. On February 9, 2015, the injured worker complained of right neck pain that radiates to the bilateral shoulders. She also reported muscles spasms, numbness and weakness. She rated the pain between a 3 and 9 on a 0-10 pain scale. The pain is made better with medication, injections and heat. The treatment plan included medications, physical therapy and follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) mental illness & stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, trazodone.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Trazodone, sedating antidepressants such as Trazodone have also been used to treat insomnia, however there is less evidence to support their use for insomnia. The ODG recommends Trazodone as an option in the treatment for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone. Per the documentation, the patient does not have coexisting psychiatric disorders. Therefore criteria set forth per the ODG for the use of Trazodone in the treatment of insomnia have not been met and the request is not medically necessary.