

<b>Case Number:</b>	CM15-0046239		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on 10/5/2000. She reported an industrial injury that resulted in trauma to multiple body parts. The injured worker was diagnosed as having chronic pain syndrome, bilateral hip pain, bilateral knee pain, postlaminectomy lumbar syndrome; lumbar radiculopathy; lumbar back pain; right trochanteric bursitis; paresthesia and numbness; osteoarthritis bilateral knees; chronic insomnia; depression; obesity. Treatment to date has included ambulatory assistance with a cane, walker and motorized wheelchair; status post L5-S1 fusion (10/25/05); status post right knee replacement (4/19/07) and then right total knee revision of the femoral component (5/20/12); intrathecal pump implant (7/2009); spinal cord stimulator (no date); medications. Currently, per visit notes dated 2/17/15, the injured worker complains of pain and spasticity that is constant in the neck, left shoulder, bilateral hands, thoracic spine, bilateral low back, right buttock, groin and right hip, bilateral legs, ankles and feet. The notes report a change in frequency and quality of pain control since the injured workers last visit. The frequency of the pain and spasticity is constant and the quality of the pain and spasticity is described as sharp, aching, cramping, shooting, throbbing, and stabbing. It is worse with any activity and better with rest, heat, spinal cord stimulator, intrathecal pump, changing positions and medications. The provider indicates the prescribed Dilaudid and Percocet 10/325mg PRN for breakthrough pain was causing diarrhea and therefore prescribed Trazadone HCL 50mg (no specific quantity ordered). The provider notes he will not wean medications until after some scheduled surgeries and rehabilitation have taken place for this injured worker (right knee replacement, left knee replacement and right hip).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone HCL 50mg (unspecified quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication.

**Decision rationale:** Regarding the request for Trazadone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the use of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is a lack of discussion indicating what behavioral treatments have been attempted for the condition of insomnia, and response to non-pharmacologic measures. Furthermore, there is no documentation that Trazadone is adequate in the treatment of the patient's insomnia. As such, the currently requested Trazadone is not medically necessary.