

<b>Case Number:</b>	CM15-0055314		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 a 46-year-old female, who sustained an industrial injury on 2/08/2008. Diagnoses include internal derangement of the right knee status post two previous menisectomies with grade II and III chondromalacia along the medial femoral condyle, patellar joint as well as moderate tricompartmental arthritis by magnetic resonance imaging (MRI) and complex degenerative tear of the posterior horn of the medial meniscus and trace joint effusion, now status-post operative arthroscopy of the right knee, synovectomy, chondroplasty and menisectomy performed on 4/22/2013 and chronic pain syndrome. Treatment to date has included diagnostics, surgical intervention, medications and injections. Per the Primary Treating Physician's Progress Report dated 1/29/2015, the injured worker reported right knee pain. Physical examination revealed tenderness across the right knee; extension is 160 degrees and flexion 110 degrees. There was tenderness along the medial joint line greater than lateral. McMurray's was positive medially and negative laterally. The plan of care included medications and authorization was requested for Trazodone 100mg, Effexor XR 75mg and Effexor XR 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 100mg quantity 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 16; 123.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic), Insomnia Treatment.

**Decision rationale:** With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review indicates that the injured worker does suffer from depression and anxiety in the context of chronic pain, however, per UR determination dated 3/4/15 Effexor XR was certified. As trazodone is not a first line therapy for insomnia, medical necessity cannot be affirmed.