

<b>Case Number:</b>	CM15-0061062		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 58 year old male, who sustained an industrial injury on 2/17/09. He reported neck, low back and wrist pain. The injured worker was diagnosed as having lumbar radiculopathy; low back pain; cervical disc disease; right wrist pain; neck sprain; bilateral carpal tunnel syndrome. Treatment to date has included multiple cortisone injections to multiple body regions; multiple diagnostic studies, most recent EMG/NCV upper extremities (9/12/12). Currently, the PR-2 notes dated 2/25/15 the injured worker was seen as an Orthopaedic consult for surgical evaluation of the bilateral hands, wrists, cervical spine, left shoulder, lumbar spine and bilateral lower extremities. The injured worker was approved for carpal tunnel surgery but had cardiology intervention. He has complaints on this date of persistent pain to multiple areas of the body. He currently is prescribed Vicodin q6 PRN; Cymbalta, Neurotin and Skelaxin. The provider is requesting Trazodone HCL tablets 50mg; take 1-2 tablets at bedtime as needed for sleep, quantity of 60 which was denied at utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone HCL tablets 50mg, take 1-2 tablets at bedtime as needed for sleep, 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, Pain Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Insomnia Treatment.

**Decision rationale:** Trazodone is a tetracyclic antidepressant usually prescribed for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. Insomnia treatment should be based on etiology. Most medications have only been evaluated for short term use (less than 4 weeks). Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants are often used to treat insomnia; however, there is less evidence to support their use for insomnia. They may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Negative next-day effects such as ease of awakening may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient has been taking this medication since at least August 2014. Increased duration of treatment increases the risk of tolerance and other adverse effects. The request should not be authorized.