

<b>Case Number:</b>	CM15-0083234		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Occupational 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 47 year old female, who sustained an industrial injury on 10/11/2011. According to a progress report dated 03/26/2015, the injured worker was seen for right upper extremity pain and right wrist pain. Pain level was unchanged since the last visit. Pain was rated 9 on a scale of 1-10 with medications and 10 without medications. Quality of sleep was normal. Her activity level had increased. She saw a hand surgeon who recommended follow up EMG/NCS (electrodiagnostic testing) due to increased numbness of the right little finger. Results revealed bilateral carpal tunnel and C7-T1 right cervical radiculopathy. Current medication regimen included Tramadol, Trazodone and Humalog. Review of systems noted that pain did not interfere with sleep, concentration, mood, work recreation or family functions. Review of systems was positive for good exercise, poor sleep, muscle weakness, muscle pain, headache and migraine. Past medical history was significant for diabetes mellitus and high blood pressure. Past surgical history included carpal tunnel release in 02/2014, left mastectomy due to breast cancer in 2003 and knee surgery in 2004. Diagnoses included radiculopathy, shoulder pain and carpal tunnel syndrome. Treatment plan included Tramadol Hcl and Trazodone. Work status included modified duty. Currently under review is the request for Trazodone 100mg tab.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg tab #30: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone.

**Decision rationale:** MTUS 2009 states that Trazodone is not a first line treatment for insomnia but can be used to treat insomnia in patients with mild depression or anxiety. The medical records do not document the diagnosis of anxiety or depression. However, the patient is released to modified duty and has not responded well to other medications. From a functional standpoint, the patient has resumed work but continues with insomnia. Nortryptiline has been tried in the past without success. This request for Trazodone does not adhere to MTUS 2009 but based upon the clinical context, this request for Trazodone is medically necessary and approved. The patient is diagnosed with chronic pain, has difficulty sleeping but continues to work in a modified capacity. If the patient's insomnia does not improve, alternate approaches need to be considered.