

Case Number:	CM14-0118822		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2008
Decision Date:	11/06/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old man with a date of injury of 1/29/2008. He worked as a fueler for an airline company doing heavy labor. The last clinical note attached is from July 1, 2014 where it is stated he has 3/10 to 5/10 pain in his neck, wrists, back and left shoulder. His diagnoses include neck pain, cervical fusion, cervical fusion resection, carpal tunnel syndrome release, cubital tunnel syndrome release and ulnar nerve transposition, low back pain, L4-5 radiculopathy, discogenic disc disease of the lumbar spine and degenerative disc disease of the lumbar spine. He was declared permanent and stationary as of Feb 19, 2014. He has difficulty sleeping due to pain and it is noted that his insomnia has improved on trazodone. His other medications include Norco, Cymbalta, Celebrex, Cialis, Prilosec and Ibuprofen. He is physically active and has tried acupuncture treatments without improvement in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg 2 at night time #120 Refills 3-6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain 2014 Pharmacological Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

Decision rationale: Trazodone is a Triazolopyridine derivative that is indicated for the treatment of depression with an unlabeled use as a sedative/hypnotic. The Medical Treatment Utilization Schedule (MTUS) does not address the issue of Trazodone for insomnia. Per the Official Disability Guidelines (ODG), Pain Chapter, it is recommended that treatment be based on the etiology. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., = 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. Trazodone, a sedating antidepressant, 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 worker has had longstanding insomnia due to pain; however, because of tolerance and rebound insomnia, ongoing use of Trazodone is not recommended. The request is not medically necessary and appropriate.