

<b>Case Number:</b>	CM14-0139413		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/22/2000
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61 year old employee with date of injury of 3/22/2000. Medical records indicate the patient is undergoing treatment for mood disorder, entrapment neuropathy U Limb, elbow pain, hand pain, ulnar neuropathy and lateral epicondylitis. Subjective complaints include: Patient states that his quality of sleep is fair but Trazodone is helpful if he takes 2 tablets at a time. He reports intermittent bouts of nausea which may be linked to dietary issues. He also reports a gradual decline in his short term memory which is worsening. He forgets appointments and has to write notes for himself. He also notes that while the medications appear to be working, his pain has recently increased and he notes agitation when he takes his morning medications. He rates his pain with medications as a 2/10. Pain without medication is a 5/10. He has some numbness and tingling to both hands and fingers. Prozac has improved his mood. Objective findings include depressed mood upon arrival to the exam. The range of motion of his elbow joints are restricted with pronation limited by pain to 85 degrees but normal by flexion and extension. There is tenderness over the lateral epicondyle and Tinel's sign is negative in both the elbows and the wrists. There is no noted tenderness to the bilateral wrists. In the bilateral hands there is painful range of motion with finger flexion/making fist. No tenderness on palpation. The capillary refill in the right hand is delayed minimally flushing with testing bilateral ulnar artery. Moderate, non-pitting edema. Treatment has consisted of acupuncture (failed); Zoloft, Pristiq, Lidoderm 5% patch, Lyrica, Celebrex, Trazodone, Amlodipine Besylate, Prozac, Clonazepam, Lovastatin, Metformin, Metoprolol Succ Er, Omeprazole and Sulindac. The utilization review determination was rendered on 8/14/2014 recommending non-certification of Trazodone 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #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 (ODG), Insomnia 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, Trazodone, insomnia treatment

**Decision rationale:** The CA MTUS is silent regarding this topic. ODG States "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". There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Trazodone 50mg #60 is not medically necessary at this time.