

<b>Case Number:</b>	CM14-0140705		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and leg pain reportedly associated with an industrial injury of January 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; topical agents; massage therapy; psychotropic medications; and work restrictions. In a Utilization Review Report dated August 19, 2014, the claims administrator denied requests for Trazodone and Venlafaxine. The applicant's attorney subsequently appealed. In a progress note dated March 17, 2014, the applicant reported congestion, headaches, and body aches, nonindustrial, along with ongoing complaints of knee, neck, and low back pain. The applicant was requesting a handicapped placard. The applicant stated that she was using trazodone for sleep and depression but noted that she had weaned herself off of Venlafaxine (Effexor), stating that it had not generated any appreciable improvement in mood. The attending provider stated that the applicant needed to continue Venlafaxine, essentially informing the applicant that this medication would take some time to exert effect. On April 3, 2014, the attending provider stated that he was discontinuing Trazodone on the grounds that it was generating too much insomnia and had apparently resulted in the applicant's falling asleep in her car on one occasion. The applicant was asked to restart and use Venlafaxine (Effexor) continuously to derive the maximum benefit from the same. On June 19, 2014, the applicant acknowledged that venlafaxine was not really helping her depression. The attending provider suggested that the applicant restart Trazodone and discontinue the same if side effects were developed. On June 17, 2014, the applicant was given Cymbalta on a trial basis for depression and was asked to use Trazodone as an adjunctive medication for depression and sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Trazodone "may be helpful" in alleviating symptoms of depression. In this case, the applicant does have longstanding, ongoing depressive symptoms, with attendant sleep disturbance complaints. While the applicant did experience some side effects, including over sedation, with Trazodone at an earlier point in time, this side effect seemingly abated following discontinuation of Venlafaxine (Effexor). The attending provider's subsequent progress notes seemingly suggested that ongoing usage of Trazodone, in conjunction with Cymbalta, another atypical antidepressant, was in fact ameliorating the applicant's depressive symptoms. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Venflaxine HCL ER 37.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has seemingly been using Venlafaxine (Effexor) for a span of several months, with no appreciable attenuation in depressive symptoms. The attending provider apparently reached the same conclusion and ultimately suggested that the applicant discontinue venlafaxine. Therefore, the request is not medically necessary.