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| <b>Case Number:</b>   | CM14-0163916 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 05/14/2007 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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 Physical Medicine and Rehabilitation 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:

This 50 year-old year-old patient sustained an injury on 5/14/2007 while employed by [REDACTED]. Request(s) under consideration include Trazodone 100mg #60. Diagnoses include Cervicalgia, pain in neck/ cervical intervertebral disc displacement without myelopathy/ neuritis s/p C5-6 discectomy and fusion in April 2009; lumbago/ low back pain/syndrome/ lumbalgia. Accepted under industrial claim include Neck and Low back while under dispute include migraine headaches, depression/ psyche/ anxiety. The patient continues to treat for chronic symptoms post injury of 7 years and post cervical surgery of 5-1/2 years. Report of 8/28/14 from the provider noted the patient has been out of this medication since the end of July 2014. Phone report noted Trazodone was prescribed only as a sleep aid and not for depression. Request was for prescription of Trazodone. The request(s) for Trazodone 100mg #60 was non-certified on 9/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury of 2007. There is no report of sleep disorder. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication functional improvement goals' expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. The Trazodone 100mg, #60 is not medically necessary and appropriate.