

<b>Case Number:</b>	CM14-0182806		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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:

According to the records made available for review, this is a 51-year-old male with an 11/2/09 date of injury, and status post left knee arthroscopic partial medial meniscectomy 5/22/14. At the time (9/4/14) of the request for authorization for Trazadone 50mg #60 with 1 refill, there is documentation of subjective (reports of feeling better, sleeping better with about 7 hours a night and feels rested in the morning, reports of more energy, better concentration, and slightly less depression, and reports of anhedonia and loss of libido, early middle and late insomnia, decreased appetite and weight loss, poor self-esteem, worthlessness, lower energy and fatigue, irritability and anger, hopelessness and helplessness, anxiety with somatic, visceral, sensory and autonomic symptoms, derealization and depersonalization, and episodic suicidal ideation without a plan to kill or hurt self) and objective (depressed, anxious mood, affect range broader and less blunted, judgment fair, and insight fair) findings, current diagnoses (major depressive disorder, single episode, severe without psychotic features, pain disorder associated with both psychological factors and a general medical condition, and insomnia related to pain disorder), and treatment to date (medications (including ongoing treatment with Effexor and Trazadone) and group psychotherapy). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment of Insomnia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, single episode, severe without psychotic features, pain disorder associated with both psychological factors and a general medical condition, and insomnia related to pain disorder. In addition, there is documentation of depression. However, given documentation of ongoing treatment with Trazadone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazadone 50mg #60 with 1 refill is not medically necessary.