

<b>Case Number:</b>	CM14-0210099		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/16/2010
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 patient is a 57-year-old man who sustained a work-related injury on October 16, 2010. Subsequently, the patient developed chronic back pain associated with headaches, sleep disturbance, and depression. According to a progress report dated December 2, 2014, the patient continued to have significant pain in his head, back, and neck. He has been not able to sleep. He reported that with pain medications, he gets about 90% pain relief. The patient's UDS was consistent with what he was taking. The patient also reported confusion, memory loss, weakness, headaches, and dizziness. He complained of arthralgias/joint pain and back pain but reported no muscle aches, no muscle weakness, and no swelling in the extremities. He reported depression, sleep disturbances, and restless sleep as well. On examination, the patient was in moderate distress secondary to neck pain and general malaise. There was normal tone in both lower extremities. Sensation was grossly intact in both upper and lower extremities. Patient had multiple trigger points in the trapezius and lumbar paraspinal region. The patient was not ready to return to work. The provider requested authorization for Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg 1 PO QD QTY: 30:** 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), Pain Chapter, Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

**Decision rationale:** There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. There is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 100mg #30 is not medically necessary.