

Case Number:	CM14-0068778		
Date Assigned:	07/14/2014	Date of Injury:	11/07/1994
Decision Date:	01/16/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a 55 year old female with a date of injury of 11/07/94 with a requested treatment of Trazodone Quantity 1. She is being treated for low back pain, ankle pain, anxiety and depression. She has subjective complaints of insomnia, ankle pain and left leg pain after recent fall, continued unchanged 7/10 lower back pain, leg weakness requiring the use of a walker to ambulate and feeling sad. Objective finding of her most recent exam include normal examination of musculoskeletal system to include spine and legs and normal neurological exam with a normal mood. There is no documented limited range of motion, weakness or neurological abnormalities on her exams. Current physical does not elicit pain on exam. Her treatment has consisted of Viibryd, Oxycodone, Lyrica, Abilify, OxyContin, and Phenergan. The provider has requested Trazodone for the treatment of her neuropathic pain, insomnia and depression. The Utilization Review (UR) dated 04/29/2014 found the treatment with Trazodone Quantity 1 to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone Qty: 1: 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, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone

Decision rationale: The MTUS guidelines for Chronic Pain state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment and side effects including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. As noted, tricyclic antidepressants, like Trazodone, may play a role in treating neuropathic pain. In this case, the most recent history and physical are normal and there no complaints at this time consistent with neuropathic pain. From the documents provided, it is unclear whether this patient is experiencing chronic neuropathic pain at this time. The above cited ODG guidelines say in regards to Trazodone: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia." In this case, this patient suffers from depression, anxiety, chronic pain and insomnia which requires Abilify, Lyrica, opioids and Phenergan for treatment. At this time, documents indicate that her depression is not well controlled and the severity is more than mild as the guidelines recommend. It is unclear whether first line antidepressants, like SSRIs, were tried and at this time there is no behavioral therapy to help treat her symptoms. The records do not indicate that she has tried other therapies used to treat primary insomnia. The medication proposed, Trazodone, does not have a dose indicated or dosing instructions. Her current treatment regimen includes Abilify, an antipsychotic used primarily for schizophrenia but also indicated as an add-on therapy for difficult to control depression. She is not currently on a primary anti-depressant. The FDA approved package insert for Abilify does not contain any information about using it in conjunction with a tricyclic antidepressant, like Trazodone. This may pose a safety issue in this case. Given the information presented here, the request for Trazodone Quantity 1 is not medically necessary.