

<b>Case Number:</b>	CM15-0100444		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Alabama, 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 injured worker is a 31 year old male, who sustained an industrial injury on 12/10/2012. He suffered significant forearm crush injuries with multiple right sided injuries when he was run over by a semi-tractor trailer. Diagnoses include Post Traumatic Stress Disorder, pain in joint involving shoulder region, pain in joint involving upper arm, pain in joint involving forearm, and pain in thoracic spine. Treatment to date has included diagnostics, surgical intervention (right forearm), cognitive behavioral therapy, 24 sessions of physical therapy, compression/ice therapy and medications including Percocet, Ibuprofen, Cymbalta, compound creams, Gabapentin and Trazodone for sleep. Per the Pain Management Reevaluation Report dated 3/19/2015, the injured worker reported abdominal pain and shoulder pain. He reported 6/10 pain in the cervical region and lateral shoulder and 6/10 pain in the abdomen, right shoulder, right chest and low back. Physical examination revealed decreased range of motion of the neck with lateral rotation due to pain. There was pain upon palpation of the paravertebral muscles right worse than left. Examination of the back revealed full range of motion and pain with lateral bending to the right and rotation bilaterally. There was mild paravertebral muscle tenderness. There was diffuse right upper extremity weakness. The plan of care included medications and authorization was requested for Trazodone 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Trazodone 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone (Desyrel) ODG <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, trazodone is 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. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008) Evidence for the off-label use of trazodone for treatment of insomnia is weak. 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. (Mendelson, 2005) There is no documentation that the patient is suffering from a major depression diagnosed by a formal psychiatric evaluation. There is no documentation that the patient failed first line treatment of insomnia. The latter was not characterized. There is no documentation of efficacy of previous use of trazodone. Therefore, the request for Trazodone 50mg #30 is not medically necessary.