

<b>Case Number:</b>	CM15-0010255		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 71 year old male, who sustained an industrial injury on October 21, 2009. He has reported constant moderate to severe low back pain radiating to the neck and was diagnosed with post laminectomy syndrome in the lumbar region. Treatment to date has included diagnostic studies, surgical intervention and pain medications. Currently, the IW complains of severe pain in the low back radiating to the left hip. The injured worker reported an industrial injury in 2009, resulting in chronic, severe low back, neck and hip pain. Evaluation on September 26, 2014 revealed continued, severe pain as previously described. The plan was to renew trazadone and conzip. On December 19, 2014, Utilization Review non-certified a request for Trazadone HCL 50mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested Trazadone HCL 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50 mg #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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Treatment of Chronic Persistent Pain, Page 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone, a Selective Serotonin Uptake Inhibitor. Per Guidelines, Trazadone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation of sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine), but may be an option in patients with coexisting depression that have not been identified here. Submitted reports have not adequately demonstrated failure of first line treatment or functional improvement from treatment already rendered as the patient continues to treat for chronic symptoms. The Trazadone 50 mg #30 is not medically necessary and appropriate.