

<b>Case Number:</b>	CM15-0011467		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/24/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Hawaii

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 is a 45 year old female, who sustained an industrial injury on 6/24/06. She has reported back pain. The diagnoses have included lumbar radiculopathy, cervical degenerative disc disease with radiculopathy and lumbar facet osteoarthritis. Treatment to date has included bilateral L4-5 and L5-S1 transforaminal epidural steroid injection. Currently, the injured worker complains of neck pain, headaches, low back pain and leg pain. She has progressive spasm in neck, shoulder and low back and numbness in toes and hands when sleeping. On 11/6/14 the injured worker stated her pain improved by at least 70% for 4-5 months following the steroid epidural injection. Tenderness and spasm with palpation over the posterior cervical and bilateral trapezius are with decreased range of motion are noted. Increased tenderness is noted over the lumbosacral area with restriction of flexion and extension also noted. Tramadol was recommended temporarily until approval for steroid injection is approved. On 12/19/14 Utilization Review non-certified Trazadone 50mg #30, noting the lack of documentation to support why it is prescribed and if it is resulting in functional improvement. The ODG was cited. On 1/21/15, the injured worker submitted an application for IMR for review of Trazadone 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treat.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Trazodone (Desyrel)

**Decision rationale:** The patient presents with neck pain, headaches, low back pain and leg pain with progressive spasms in the back, shoulder and low back plus numbness in toes and hands when sleeping. The current request is for Trazadone 50mg #30. The 11/3/14 treating physician report states: Pain has made patient restless and unable to sleep at night use temporarily until approval for CESI. May have refills. MTUS does not address Trazadone. The ODG guidelines state: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. In this case, the treating physician, based on the documents available for review, has failed to document any anxiety or depression. Trazadone is also not recommended as a first-line insomnia treatment. The current request is not medically necessary and the recommendation is for denial.