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 injured worker is a female, who sustained an industrial injury on May 28, 2014. She has reported demanding employment tasks with a variety of responsibilities as well as exorbitant assignments with unrealistic time constraints. This prompted the development of emotional and physical symptoms and the necessity to obtain medical treatment as well as psychiatric counseling. The diagnoses have included depression with anxiety and post-traumatic stress disorder. Treatment to date has included counseling and medications. On January 6, 2015, the injured worker complained of an exacerbation of anxiety and depression. She reported that she just started to cry and was shaky on the day before examination. She claimed that she cried all day. She has not been able to sleep. Suicidal thoughts were denied. On January 13, 2015, Utilization Review non-certified Xanax 0.5mg#15 and Trazadone 50mg #30, noting the Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Xanax 0.5mg#15 and Trazadone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #15: 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) TWC Mental Illness & Stress procedures

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no documentation of improvement of symptoms with previous use of Xanax. Therefore, the use of Xanax 0.5mg #15 is not medically necessary.

**Trazadone 50mg #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) TWC Mental Illness & Stress procedures

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone 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)

**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 is not medically necessary.