

<b>Case Number:</b>	CM15-0012578		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47- year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar spine surgery; and a spinal cord stimulator. In a December 8, 2014 Utilization Review Report, the claims administrator denied a request for trazodone. The claims administrator referenced a progress note of December 12, 2014 at the bottom of his report. In an appeal letter dated January 15, 2015, the attending provider stated that the applicant had various chronic pain complaints. The attending provider stated that the applicant was using Effexor for neuropathic pain, anxiety, and depression. The attending provider stated that the applicant was using Relafen twice daily. The attending provider stated that the applicant was using Protonix for gastric protective purposes. The attending provider stated that the applicant was using Neurontin for neuropathic pain. The attending provider stated that trazodone was being endorsed for sleep disturbance, anxiety, and/or depression purposes. On January 9, 2015, the attending provider suggested that the applicant did carry diagnoses of major depressive disorder and generalized anxiety disorder with attendant symptoms of insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) and Official Disability Guidelines (ODG): Mental Illness & Stress, Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression as were/are present here. The attending provider seemingly contended that monotherapy with Effexor was inadequate and that ongoing usage of trazodone was needed to potentiate the effects of venlafaxine (Effexor). Therefore, the request was medically necessary.