

Case Number:	CM15-0110551		
Date Assigned:	06/17/2015	Date of Injury:	02/20/1999
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 58 year old male who sustained an industrial injury on 2/20/99. Diagnoses include Major Depressive Disorder, Sleep Disorder secondary to Axes II and III conditions, Panic Disorder without Agoraphobia, Pain Disorder Associated with both Psychological Factors and General Medical Conditions, Axis III General Medical Condition: Shattered Bilateral Heels, Spine Injury, Asthma, Hypertension, Cephalgia, Two ruptured Discs, Lacerations from a non-industrial automobile accident with exacerbated back, right hip and thigh pain, history of Diabetes Mellitus. In a secondary treating physician's progress report dated 12/31/14 it is noted that the injured worker reports considerable pain in his lower and upper back, ankles, and feet, sleep problems, with pain waking him, worries always, headaches, and breathing and stomach problems. He also complains of worsened depression, not much energy or interest in doing things, continuing memory and concentration difficulty and inability to read, watch television and stay on track. Objective findings are that he grimaces and walks with a limping gait anomaly, personal hygiene appears satisfactory, is oriented to person, place, time, and process. Affect is flat and morose and mood is depressed. He expresses statements of hopelessness but denies intent to act out any self-harm behavior. The Global Assessment of Functioning is 33. In an office evaluation request for authorization dated 12/16/14, it is noted the injured worker states he has been able to maintain from a psychiatric perspective with the psychotropic medications and identifies a continued pain level of 8 out of 10, mostly in his back which radiates bilaterally to his legs and feet. He reports the medications he has been taking are the only thing that really gets him through the day. He reports his sleeping is about 7 hours with

medication. Current medications noted are Vistaril 50 mg twice a day, Neurontin 400 mg 2 tablets twice a day, Trazadone 150 mg at night, Ambien 10 mg at night, and Xanax 0.5 mg three times a day. He states he has been taking Norco as well as Soma for ongoing pain control. He has no current orthopedic intervention. The action plan is noted as continuing with current psychotropic medications, and to continue emotional support. Prior treatment noted includes Metformin, Soma, Novolog, Zoloft, Bupropion, Prednisone, Vistaril, Norco, Neurontin, Trazadone, Ambien, Xanax, Cymbalta, Albuterol, Azmacort, Serevent, Nexium and psychotherapy. Work status is permanent and stationary and is noted to be at maximum medical improvement. The requested treatment is Trazadone 150 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 150mg #30 with 2 refills: 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), Mental Illness and Stress Chapter, Insomnia treatment.

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

Decision rationale: 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)The injured worker's psychiatric diagnosis include Major Depressive Disorder, Sleep Disorder secondary to Axes II and III conditions, Panic Disorder without Agoraphobia, Pain Disorder Associated with both Psychological Factors and General Medical Conditions. He continues to suffer from coexisting depression and sleep problems for which Trazodone is being provided, however there is no evidence of objective functional improvement with the ongoing use and thus the request for another three supply of Trazodone 150mg is not clinically indicated.