

<b>Case Number:</b>	CM15-0115202		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 48 year old female who sustained a work related injury October 20, 2012, after a box hit the back of her neck. According to a primary treating physician's progress report dated May 27, 2015, the injured worker presented with neck and upper extremity pain. She reports headaches as well as pain in her shoulder and arms, worse on the left, rated 8-9/10, without medication and 5-6/10, with medication, associated numbness and tingling in the arms and hands. Objective findings included moderate tenderness in the paracervical muscles, lower facets and the upper trapezius. Range of motion is decreased in all fields, especially extension. An MRI of the cervical spine, dated April 23, 2015, revealed C4-C5 posterior disc bulge with a focal central disc protrusion and facet disease. C6-C7 disc bulge present with focal disc extrusion, facet disease and ligamentum flavum enfolding causing mild spinal stenosis and moderate bilateral foraminal stenosis. Impression is documented as cervical degenerative disc disease; right C6 radiculopathy and bilateral carpal tunnel syndrome; right rotator cuff strain; chronic pain syndrome; headaches. At issue, is the request for authorization for Soma and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**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 and Stress chapter, insomnia treatment.

**Decision rationale:** The MTUS does not mention trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG discuss the drug being used to treat insomnia; however, there is less evidence to support its use for insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, and in this case it appears the patient has been diagnosed with depression, anxiety, and insomnia. Given the patient's history of insomnia in the presence of depression/anxiety, it is the opinion of this reviewer that trazodone is a reasonable treatment modality for use in this case. Therefore the request for trazodone is medically appropriate.

**Soma 350mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** The MTUS does not recommend use of Soma. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the contraindication for use per the guidelines, the request is not medically necessary.