

<b>Case Number:</b>	CM15-0121574		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 56 year old male, who sustained an industrial injury on June 25, 2013. The mechanism of injury was a motor vehicle accident while pulling out of a parking lot at work. The injured worker sustained injuries to the head, back and legs. The injured worker also was noted to have had a low back injury in 1987, a lumbar laminectomy in in 2009, lumbar fusion in 2011 and extension of the lumbar fusion in 2012. The diagnoses have included chronic low back pain, lumbar spondylosis with myelopathy and chronic pain syndrome. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, injections, physical therapy and several lumbar spine surgeries. Current documentation dated May 13, 2015 notes that the injured worker reported intractable back pain which has incapacitated the injured worker. The injured worker noted spending most of the day lying flat and due to significant weakness used a cane when ambulating outside. The injured worker also noted that he sleeps poorly and has problems with depression as a result of his situation. Examination of the lumbar spine revealed tenderness, swelling and spasming around the paraspinous region. Range of motion revealed minimal tolerance to flexion or extension. Sensory testing revealed numbness throughout the right leg. Motor testing revealed significant weakness bilaterally, but more pronounced on the right leg. The injured worker was noted to be disabled. The documentation supports that the injured worker was taking Percocet to assist with sleep at night. The treating physician recommended Trazadone as an alternative. The treating physician's plan of care included a request for Trazadone 100 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 100mg #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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Trazadone.

**Decision rationale:** Trazadone is a tricyclic antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend "anti-depressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Side effects include excessive sedation which should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The occurrence of anxiety, depression and insomnia is frequent in injured workers with chronic pain." The Official Disability Guidelines state that Trazadone is "recommended as an option for insomnia, only for patients with coexisting mild psychiatric symptoms such as depression and anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." The documentation supports that the injured worker had reported sleep difficulties and was taking Percocet to assist with sleep. The treating physician recommended Trazadone as an alternative. The injured worker was also noted to be suffering from depression related to his situation. The documentation supports the use of Trazadone in this injured worker. However, the efficacy of the medication must be evaluated and documented prior to continuing the medication. Therefore, the request for Trazadone 100 mg # 30 with 2 refills is not medically necessary.