

<b>Case Number:</b>	CM15-0166451		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 05-12-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for discogenic cervical and thoracic condition, post-concussion syndrome, impingement syndrome of left shoulder, internal derangement of left knee, and chronic pain syndrome. Treatment and diagnostics to date has included MRI's, injections to the left knee, knee brace, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, acupuncture, physical therapy, and medications. Current medications include Naproxen, Protonix, Neurontin, Lunesta, Norco, Trazodone, Effexor, and Tramadol ER. After review of progress notes dated 02-26-2015 and 07-31-2015, the injured worker reported left shoulder, back, and left knee pain. Objective findings included tenderness across the lumbar paraspinal muscles, positive impingement and Hawkins sign, and positive McMurray test. The request for authorization dated 07-31-2015 requested Trazodone 50mg (#60), Effexor XR, Tramadol ER, Naproxen, Protonix, Trazodone 50mg (#60), Neurontin, and Lunesta. The Utilization Review with a decision date of 08-18-2015 modified one request for Trazodone 50mg #60 to Trazodone 50mg #30 and non-certified the other request for Trazodone 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Trazodone 50mg #60 with 1 refill: 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 & Stress: Trazodone (Desyrel).

**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 (anti-depressants).

**Decision rationale:** Trazodone is an anti-depressant indicated for Major Depression. It is also a first-line agent for neuropathic pain and for insomnia in patients with concomitant depression. MTUS fails to specifically address Trazodone. ODG state Trazodone is an option for treating insomnia with coexisting anxiety/depression. In a prior review of 6/24/2015, weaning from Trazodone was recommended based on a lack of apparent benefit with the use of Trazodone. The patient continues to have sleep issues despite Trazodone and provider has also requested Lunesta on 7/31/2015. Thus there is no need for two medications for insomnia. Based on the above, the request for Trazodone is not medically necessary or appropriate.