

<b>Case Number:</b>	CM15-0173934		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/03/2002
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female who sustained an industrial injury December 3, 2002. Diagnoses have included left shoulder impingement syndrome, left shoulder tendinosis, bilateral epicondylitis, ulnar nerve neuritis, and bilateral wrist joint inflammation. Documented treatment includes right rotator cuff repair with clavicle excision in 2007, at least three left shoulder blade trigger point injections, bracing, heat, cold, and medication including Flexeril, Tramadol ER, Naproxen, Protonix, Effexor, and Trazadone. Medications are stated to be helpful when she is able to take them regularly. The injured worker continues to complain of bilateral shoulder, elbow and wrist pain. Examination August 12, 2015 reveals maximum abduction of 140 degrees of the left shoulder and 120 on the right, and tenderness was noted along both the medial and lateral epicondyle as well as both wrists. The treating physician's plan of care includes two requests for Trazodone 50 mg. but this was denied August 24, 2015. The injured worker has not been working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg #60: Upheld**

**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 and Stress: Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient was injured on 12/03/02 and presents with pain in her shoulders, elbows, wrists, and thumb. The request is for Trazodone 50 mg #60. The RFA is dated 08/12/15 and the patient is not currently working. The patient has been taking this medication as early as 03/16/15. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient has a limited left/right shoulder range of motion and tenderness along both the medial and lateral epicondyle as well as both wrists. She is diagnosed with left shoulder impingement syndrome, left shoulder tendinosis, bilateral epicondylitis, ulnar nerve neuritis, and bilateral wrist joint inflammation. The 08/12/15 report states, "due to chronic pain, the patient has element of weight gain of 7 pounds, element of sleep, depression, and stress." Although the patient has insomnia, the treater does not specifically discuss efficacy of Trazodone on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Trazodone IS NOT medically necessary.

**Trazodone 50 mg #60:** Upheld

**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 and Stress: Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient was injured on 12/03/02 and presents with pain in her shoulders, elbows, wrists, and thumb. The request is for Trazodone 50 MG #60. The RFA is dated 08/12/15 and the patient is not currently working. The patient has been taking this medication as early as 03/16/15. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient has a limited left/right shoulder range of motion and tenderness along both the medial and lateral epicondyle as well as both wrists. She is

diagnosed with left shoulder impingement syndrome, left shoulder tendinosis, bilateral epicondylitis, ulnar nerve neuritis, and bilateral wrist joint inflammation. The 08/12/15 report states, "due to chronic pain, the patient has element of weight gain of 7 pounds, element of sleep, depression, and stress." Although the patient has insomnia, the treater does not specifically discuss efficacy of Trazodone on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Trazodone IS NOT medically necessary.