

<b>Case Number:</b>	CM15-0177441		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/01/2006
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: 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 68 year old female, who sustained an industrial-work injury on 4-1-06. She reported initial complaints of neck pain. The injured worker was diagnosed as having chronic neck pain, bilateral arm pain. Treatment to date has included medication, acupuncture, and diagnostics. MRI results were reported on 5-2006 demonstrated a 6 mm disk protrusion towards the right at C4-5, a 5 mm central broad based disk bulge at C6-7. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 11-30-10 revealed mild-moderate bilateral carpal tunnel syndrome. EMG (electromyography) from 4-8-15 showed peripheral neuropathy of the median, ulnar, and radial nerves. Currently, the injured worker complains of decreased cervical flexion and extension and weakness on grip strength bilaterally per primary treating physician report. The IW is currently retired. Per the primary physician's progress report (PR-2) on 6-16-15, the IW was evaluated for neck and upper extremity pain. Current medications include Percocet, Colace, Gabapentin, Glipizide, Vytarin, Cozaar, and Trazodone. There is better pain control with use of Percocet than the Norco with no side effects. Acupuncture is also helping with pain control. The Request for Authorization date was 8-26-15 and requested service that included Trazadone 50mg #120. The Utilization Review on 9-2-15 denied the request due to lack of documentation on subjective or objective findings of insomnia with ongoing visits, per Official Disability Guidelines, Insomnia Treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #120: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.