

<b>Case Number:</b>	CM15-0062417		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 Jersey

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(n) 37 year old male, who sustained an industrial injury on 3/21/10. He reported pain in the right elbow and left wrist. The injured worker was diagnosed as having lateral epicondylitis on the right, left ulnar nerve neuritis and left carpal impaction. Treatment to date has included a TENs unit, wrist brace, EMG study and pain medications. As of the PR2 dated 2/26/15, the injured worker reports pain in his right elbow and left wrist. He has been using medication as directed and would like to continue. The treating physician noted some depression and stress due to chronic pain. The treating physician requested to add on Trazadone 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg, #60 prescribed on 2/26/15:** 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 and Stress Chapter - Trazadone (Desyrel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, Trazadone.

**Decision rationale:** The MTUS is silent in regards to trazodone use. The ODG, however, states that is recommended as an option to treat insomnia, but only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. Other therapies should be recommended before considering trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. In the case of this worker, he reported having "issues with sleep, stress, and depression." Trazadone was then recommended by his provider. However, there was no follow-up questions or assessment made considering the diagnosis of depression or insomnia to justify adding a medication to treat the reported symptoms. As it was not clear that it was appropriate to prescribe medication without a clear diagnosis, the Trazadone will be considered medically unnecessary at this time. Also, there was no discussion regarding the potential interaction with this medication and the opioids he was taking.