

Case Number:	CM15-0065021		
Date Assigned:	04/13/2015	Date of Injury:	04/01/2011
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: Ohio, North Carolina, Virginia
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 44 year old female, who sustained an industrial injury on 04/01/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having neck pain, cervical spine foraminal stenosis at cervical four to five and bulging discs at cervical five to six, chronic left shoulder pain, status post left arthroscopic surgery, status post acromioplasty, chronic right shoulder pain, status post right shoulder surgical repair, status post bilateral carpal tunnel syndrome, status post right ulnar nerve release and right thumb surgery, depression and anxiety due to chronic pain, and De Quervain's disease bilaterally. Treatment to date has included medication regimen, above listed surgical procedures, urine drug screen, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the right shoulder. In a progress note dated 03/05/2015 the treating physician reports complaints of ongoing neck and bilateral upper pain that is rated a seven out of ten with the highest level of pain at ten out of ten and the lowest pain rating a four out of ten with medication. The treating physician requested Trazodone 100mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60, twice daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Mental Illness and Stress chapter Trazodone section.

Decision rationale: Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. In this instance, the injured worker has well documented depression. Trazodone is recommended by the guidelines for insomnia associated with depression. The medical record indicates that it has been effective for this injured worker in terms of sleep. Therefore, Trazodone 100 mg, #60, is medical necessary.