

<b>Case Number:</b>	CM15-0066493		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury on 5/9/2009. The current diagnoses are impingement syndrome of the right shoulder, status post decompression surgery, left knee internal derangement, discogenic lumbar condition, cervical condition associated with headaches, and chronic pain syndrome leading to sleep disorder, anxiety, depression, and stress. According to the progress report dated 3/4/2015, the injured worker complains of pain in the neck, back, left knee, right shoulder, and head. The current medications are Norco and Lidoderm patches. Treatment to date has included medication management, X-rays, hot/cold wrap, MRI/MRA studies, knee brace, TENS unit, physiatry, cortisone injections, electrodiagnostic testing, and surgical intervention. The plan of care includes Trazodone, Norco, physiatry referral, shoulder surgery, and nerve studies of the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Trazodone (Desyrel)).

**Decision rationale:** The injured worker sustained a work related injury on 5/9/2009. The medical records provided indicate the diagnosis of impingement syndrome of the right shoulder, status post decompression surgery, left knee internal derangement, discogenic lumbar condition, cervical condition associated with headaches, and chronic pain syndrome leading to sleep disorder, anxiety, depression, and stress. The medical records provided for review do indicate a medical necessity for Trazodone 50mg #60. The MTUS is silent on this; but the Official Disability Guidelines recommends Trazodone as an option for insomnia, in patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The medical records indicate the injured worker suffers from insomnia, depression and anxiety secondary to chronic pain syndrome. There is no indication the injured worker has taken this most recently, therefore it is not expected this prescription will be associated with tolerance due to prolonged use. Therefore the request is medically necessary.