

<b>Case Number:</b>	CM15-0067167		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/21/2006
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on 7/21/06. The injured worker has complaints of left shoulder and bilateral knee pain. The diagnoses have included degenerative joint disease knee and rotator cuff tear. Treatment to date has included Norco; pamelor; Colace; medications are noted to decrease pain from 8/10 to 5/10 allows for increase in activity tolerance; physical therapy; left knee arthroscopy; left shoulder arthroscopy; lumbar laminectomy and anterior cruciate ligament reconstruction. The request was for Norco and trazadone. The patient has had prior cognitive behavioral therapy and the recent documentation indicates Pamelor was discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 25mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**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 and stress-Trazodone (Desyrel)and insomnia treatment.

**Decision rationale:** Trazodone 25mg #90 is not medically necessary per the ODG guidelines. The MTUS does not address Trazadone specifically. The ODG states that Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The documentation indicates that the patient has insomnia but there is no evaluation of potential causes of sleep disturbance as recommended and the guidelines do not recommend long term medications for insomnia. Furthermore, the ODG states that for Trazadone tolerance may develop and rebound insomnia has been found after discontinuation. The request for Trazadone is not medically necessary.