

<b>Case Number:</b>	CM15-0098228		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: California

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 59 year old female, who sustained an industrial injury on 12/16/2009. Multiple dates of injury were noted for various body parts. The injured worker was diagnosed as having neck pain with history of cervical fusion in 1997, right shoulder pain with history of arthroscopic surgery in 1990, bilateral carpal tunnel syndrome with history of bilateral release in 1996, chronic low back pain with history of lumbar fusion in 1994. Treatment to date has included diagnostics, chiropractic, and medications. On 5/05/2015, the injured worker complains of ongoing neck pain, rated 5/10 with medication and 10/10 without. Cedications included Norco, Tramadol, Neurontin, and Flexaril. She denied side effects and urine drug screen (9/30/2014) was consistent. It was documented that Amitriptyline was not helping with sleep too much, and therefore Trazadone would be tried (50mg tablets, 1-2 at night). Her sleep pattern was not documented. Objective findings noted that her neck was not significantly bothering her on this day and she continued to have some stiffness with range of motion. Her work status was permanent and stationary and she was retired. She was provided with a one month supply of medications, including Trazadone, and provided a prescription for Trazadone. The use of Amitriptyline was noted since at least 9/2014. Progress reports did not detail sleep difficulties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG-TWC), Mental Illness & Stress, Trazodone (Desyrel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

**Decision rationale:** Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed. The request for Trazodone 50mg, #60 with 1 refill is determined to not be medically necessary.

**RETRO: Trazodone 50mg, #60 (DOS: 5/5/15):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG-TWC), Mental Illness & Stress, Trazodone (Desyrel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

**Decision rationale:** Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed. The request for RETRO: Trazodone 50mg, #60 (DOS: 5/5/15) is determined to not be medically necessary.