

Case Number:	CM13-0026567		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2009
Decision Date:	06/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old male with a date of injury of 4/28/2009. The patient complains of constant neck, upper and lower back pain. Diagnoses include chronic myofascial pain syndrome of the cervical and thoracolumbar spine, major depression, and rheumatoid arthritis. Recent subjective complaints are of constant neck pain, and upper and lower back pain, insomnia, and depression. Depression was rated at 4/10, and his current pain was slightly impacting his general activity and enjoyment of life. Physical exam revealed mild decreased range of motion in the cervical and lumbar spine with tightness and spasm. There was swelling on the dorsum of both hands, and decreased range of motion of the bilateral shoulders. Medications include Remeron, Naproxen, and Tramadol ER. It is indicated that the Remeron was prescribed for depression and insomnia. Submitted documentation does not include an objective evaluation of patient's psychological condition or discuss efficacy of current medication.  

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF MIRTAZAPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-16.

Decision rationale: The MTUS Chronic Pain Guidelines recognizes anti-depressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This patient was prescribed mirtazapine (Remeron) for depression and insomnia. Remeron is a tetracyclic antidepressant. The MTUS Chronic Pain Guidelines indicate that tricyclic antidepressants are recommended as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The submitted documentation does show evidence of failure of a first-line tricyclic medication. Furthermore, documentation does not demonstrate objective evaluation of the patient's depression, psychological or psychiatric consultation, or ongoing efficacy of the medication. Therefore, the request is not medically necessary and appropriate.