

Case Number:	CM13-0028311		
Date Assigned:	11/27/2013	Date of Injury:	09/11/2011
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 49-year-old male who reported an injury on 09/11/2011. The patient is currently diagnosed with right shoulder dislocation with glenohumeral instability, tears of the supraspinatus and subscapularis rotator cuff tendons and biceps tendon of the right shoulder, right shoulder impingement, acromioclavicular joint arthritis, and synovitis. The patient is 8 weeks status post right shoulder arthroscopy with Bankart capsulorrhaphy, subscapularis and supraspinatus rotator cuff tendon repairs, synovectomy, subacromial decompression, and distal clavicle resection. The patient was recently seen by [REDACTED] on 11/11/2013. The patient reported complaints of pain and swelling in the shoulder. Physical examination revealed well healed surgical wounds, significant weakness with positive belly press testing, and intact sensation. Treatment recommendations included continuation of current physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 45mg #30 with six refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Official Disability Guidelines state Mirtazapine is a low reuptake selective serotonin reuptake inhibitor with a main role of treating psychological symptoms associated with chronic pain. Mirtazapine is also indicated as a secondary treatment option when other medications have failed or have been intolerable to patients for anxiety related to chronic pain. Mirtazapine has also been used to treat insomnia; however, there is less evidence to support its use for insomnia. As per the clinical notes submitted, there is no evidence of psychological symptoms or complaints of insomnia. The patient has been previously treated with this medication. Documentation of clinical functional improvement was not provided. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.