

<b>Case Number:</b>	CM13-0034244		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 11/21/11. A utilization review determination dated 9/17/13 recommends non-certification of Mirtazapine and Topiramate. 8/20/13 medical report identifies headaches aggravated for the last 2 weeks despite medications, occurring almost every day and moderate to "bad" in severity. Intermittent dizziness. Current pain is impacting his activity, quality of sleep, ability to work, enjoyment of life, ability to concentrate, and ability to interact with other people. He remains depressed and anxious and rates depression 7/10. On exam, there are trigger points and positive Romberg. Sensation was decreased in the left buttocks and back of left thigh. Treatment plan included Topiramate for vascular headaches and Mirtazapine for depression and headaches as well as occipital blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE 90 TABLETS OF MIRTAZAPRINE 15MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ONLINE EDITION, CHAPTER: MENTAL ILLNESS & STRESS ANTIDEPRESSANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Regarding the request for Mirtazapine, California MTUS does support the use of antidepressants in patients with chronic pain and accompanying depression. However, as with any medication, ongoing use is dependent upon efficacy and a continued need for the medication. Within the documentation available for review, there is no recent documentation that the medication is significantly improving the patient's depression. In light of the above issues, the currently requested Mirtazapine is not medically necessary.

**RETROSPECTIVE 90 TABLETS OF TOPIRAMATE 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ONLINE EDITION, CHAPTER: MENTAL ILLNESS & STRESS ANTIDEPRESSANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation NLM/NIH.GOV, MEDLINE PLUS, ONLINE.

**Decision rationale:** Regarding the request for Topiramate, California MTUS does support the use of antiepileptic medications in the management of neuropathic pain, but they do not address their use in the management of vascular headaches. There is some support for its use in the prevention of migraines. However, as with any medication, ongoing use is dependent upon efficacy and a continued need for the medication. Within the documentation available for review, there is no clear description of symptoms identifying that the patient's headaches are migraines versus other types of headaches and the documentation does not demonstrate that the medication has been particularly effective in preventing headaches. In light of the above issues, the currently requested Topiramate is not medically necessary.