

<b>Case Number:</b>	CM13-0060687		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient reported a date of injury of 04/01/2013. Per treating physician's report, 11/01/2013, the patient presents with right elbow, bilateral wrists, and knee pain with a listed diagnoses of dislocation of wrist, anterior dislocation of elbow. Medication prescriptions were for mirtazapine 15 mg to be used at nighttime for sleep. Right elbow MRI from 06/12/2013 showed dislocation and posterolateral instability, tear of the radial collateral ligament, grade 2 strain of distal brachialis tendon, ulnar nerve showing increased signal at the level of the medial humeral epicondyles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR MIRTAZAPINE 15MG #30: 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), Pain (Chronic)

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

**Decision rationale:** This patient presents with chronic pain with insomnia. The treating physician has prescribed mirtazapine. MTUS and ACOEM Guidelines do not discuss mirtazapine. However, ODG Guidelines states "sedating antidepressants have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but may be an option in patients with coexisting depression. In this case, despite review of the multiple reports from 2013, [REDACTED] does not document concurrent depression or any difficulties with psychological sequelae of chronic pain. The ODG Guidelines do not typically support use of mirtazapine for insomnia unless coexisting depression is documented. In this case given the lack of documentation regarding depression, recommendation is for denial.