

<b>Case Number:</b>	CM13-0064840		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Occupational Medicine 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 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 39-year-old female with a September 10, 2008 date of injury. The patient complained of neck and low back pain that is 5-6/10 without medications, constant pain with numbness in the right elbow and hands, problems sleeping, depression; and anxiety. Objective findings included restricted lumbar and cervical spine range of motion, palpable tenderness to the lateral aspect of the right wrist as well as the medial epicondyle, multiple myofascial trigger points, and decreased sensation in all digits of bilateral hands. The current diagnoses include status post release of right carpal tunnel syndrome, right ulnar nerve entrapment, bilateral L5 radiculopathy, chronic myofascial pain syndrome, and chronic daily headaches. Treatment to date included medications. There is no documentation of subjective/objective findings consistent with neuropathy and that other medications have failed or been intolerable to patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The retrospective request for Mirtazapine 15mg, two (2) tablets, orally, at bedtime, #120:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants for chronic pain

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain and possibly for non-neuropathic pain, as criteria necessary to support the medical necessity of antidepressant. The ODG identifies documentation of depression and that other medications have failed or been intolerable to patient, as criteria necessary to support the medical necessity of Mirtazapine. Within the medical information available for review, there is documentation of diagnoses of status post release of right carpal tunnel syndrome, right ulnar nerve entrapment, bilateral L5 radiculopathy, chronic myofascial pain syndrome, and chronic daily headaches. However, despite documentation of a diagnosis of L5 radiculopathy, there is no documentation of neuropathic pain. In addition, despite documentation of depression, there is no documentation that other medications have failed or been intolerable to patient. Therefore, based on guidelines and a review of the evidence, the retrospective request for Mirtazapine 15mg, two (2) tablets, orally, at bedtime, #120, is not medically necessary.