

Case Number:	CM13-0070318		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2006
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal 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 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:

Patient is a 56-year-old who has submitted a claim for cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, and lumbar spine herniated nucleus pulposus associated with an industrial injury date of June 29, 2006. Medical records from 2013 were reviewed which showed constant neck and low back pain with stiffness. Pain scale ranges from 7-8/10 without medications and 5/10 with medications. Patient also complains of lack of sleep. Physical examination revealed cervicothoracolumbar tenderness from C3 to T8. No soft tissue swelling noted. Decreased range of motion noted upon flexion. Straight leg raise test was positive. There was increased pain with heel to toe walking. Treatment to date has included cervical epidural injections and physical therapy. Medications taken were Tramadol 50 mg, Diclofenac Sodium 100 mg, Cyclobenzaprine 7.5mg and Mirtazapine 15 mg. Utilization review from December 17, 2013 denied the request for Mirtazapine 15 mg because no documented objective evidence was presented to support the continued use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRTAZAPINE 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN, 13

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Anti-Depressant

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that selective serotonin reuptake inhibitors (SSRIs) are not recommended as treatment for chronic pain. It has been suggested that its main role is in addressing psychological symptoms associated with chronic pain, which is likewise cited in ODG. In this case, patient's medical records revealed that Mirtazapine 15mg was prescribed since December 4, 2013 due to patient's lack of sleep. However, there was no discussion concerning her sleep hygiene. It is likewise unknown if non-pharmacologic management was initially attempted. The request for Mirtazapine 15mg, thirty count, is not medically necessary or appropriate.