

<b>Case Number:</b>	CM14-0004761		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 30 year old man with a date of injury of 1/12/13. He is status post right knee arthroscopy with partial meniscectomy on 7/15/13. He completed a course of physical therapy in 10-11/13. He was seen by his physician on 11/21/13 with complaints of headaches and neck and upper/lower back pain. He had some relief with an occipital nerve block. He reported difficulty with sleep and activities and depression. His exam showed cervical spine range of motion flexion to 50 degrees and extension to 30 degrees. He had multiple myofascial trigger points and taut bands noted in the cervical and lumbar and thoracic paraspinal musculature. He had difficulty with heel toe gait with his right leg/foot. His assessment was posttraumatic daily chronic headaches, uncontrolled, chronic myofascial pain syndrome, cervical and thoracolumbar spine, pain and numbness in his bilateral lower extremities and sprain injury, left shoulder. At issue in this review is the prescription for Mirtazapine for headaches and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mirtazaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-16.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Mirtazapine is an antidepressant that is prescribed for headaches in this injured worker who is already taking Topiramate for headaches. The records do not document the need for an alternative or additional agent for headaches in addition to the Topiramate. The medical necessity of Mirtazapine is not substantiated. As such, the request is not medically necessary and appropriate.