

Case Number:	CM14-0006648		
Date Assigned:	03/03/2014	Date of Injury:	03/20/2006
Decision Date:	09/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old male fell off a chair and landed on his left while at work on 03/21/2006. He complains of constant 7-8/10 throbbing, aching pain in his buttocks that goes down to his left leg. The pain is worse with walking. In addition, he has pain in his neck, shoulder and arm and leg. Physical examination revealed positive straight leg raise and absence of ankle jerk on the left. He is unable to work without support, gait is antalgic; he is unable to toe walk or walk on heels; he is tender in his lower back, and he has weakness in some of the muscles of his lower limbs. MRI Lumbar done in 02/2012 showed facet arthropathy with nerve encroachment and neuroforaminal stenosis. The nerve study of 02/2012 is positive for peripheral neuropathy, and subacute and chronic bilateral L4 and L5 Lumbar radiculopathy. Diagnosis include Lumbar radiculopathy, L4-L5, L5-S1; chronic cervical strain; bilateral tunnel syndrome, right worse than left; bilateral cubital tunnel; impingement left shoulder. Previous treatment includes Lyrica, Zanaflex, Naproxen, physical therapy. In dispute is the request for Mirtazapine 15mg #30.

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: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14 - 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Medscape, <http://reference.medscape.com/drug/remeron-soltab-mirtazapine-342966>, 09/4/14 >.

Decision rationale: Although Mirtazapine belongs to the antidepressants group of drugs, which are recommended by the MTUS as first line medications for neuropathic pain, and as a possibility for non-neuropathic pain, it is not listed in MTUS as one of the recommended drugs. Besides, Medscape recognizes it as being used for Depression, Hot Flushes, Post traumatic stress disorders, insomnia. Therefore, the request for Mirtazapine is not medically necessary.