

Case Number:	CM14-0011869		
Date Assigned:	02/21/2014	Date of Injury:	08/26/2010
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 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:

The patient is a 66 year old male with an injury date of 08/26/10. Based on the 10/21/13 progress report provided by [REDACTED], the patient complains of low back pain along with numbness and tingling in the left foot. The 01/09/14 psychiatric evaluation by [REDACTED] states that the patient also has difficulty getting to sleep and staying asleep, impaired appetite with weight loss, decreased concentration, irritability, anxiety, and sometimes shortness of breath. The patient's diagnoses include the following: 1. Reflex sympathetic dystrophy of lower extremities 2. Anxiety state, unspecified 3. Chronic low back pain syndrome 4. Depressive disorder [REDACTED] requests for Med x1, Mirtazapine 15 mg NO. 60 x 5 refills. The utilization review determination being challenged is dated 01/17/14. The rationale is that there is no clear medical rationale for prescribing more than a three month supply without re-evaluating the effects and efficacy. [REDACTED] is the requesting provider, and he provided treatment reports from 02/14/13-01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED X 1, MIRTAZAPINE 15 MG NO. 60 X 5 REFILLS: Overturned

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: According to the 10/21/13 report by Dr. Ponce, the patient presents with low back pain along with numbness and tingling in the left foot. The patient also has difficulty getting to sleep and staying asleep, impaired appetite with weight loss, decreased concentration, irritability, anxiety, and sometimes shortness of breath. The request is for Med x1, Mirtazapine 15mg QHS NO. 60 x 5 to address the patient's mood and to help him sleep. The MTUS and ACOEM guidelines do not discuss this medication. Therefore, ODG guidelines were referenced. ODG guidelines has the following regarding Remeron for insomnia: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." MTUS page 60 require discussion of pain/function for medications used to treat chronic pain. Given the reports discussion regarding depression and the patient's insomnia from chronic pain, use of this medication maybe appropriate. The request for Med X 1, Mirtazapine 15 MG No. 60 X 5 Refills is medically necessary and appropriate.