

Case Number:	CM14-0123275		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2008
Decision Date:	11/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine 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 has multiple areas of concern but also has undergone an L4-5 complete laminectomy, L3-4, L4-5, L5-S1 decompression and L5-S1 fusion January 18, 2014 for a work related injury. At that time he was using Norco and Gabapentin for pain management. Additionally, there were ongoing complaints of constant intractable neck, upper and lower back pain associated with identification of trigger points. These issues were also associated with chronic headache and depression. His treating (non-surgical) provider identified from an MRI report of the cervical spine evidence to support a diagnosis of a C6-7 radiculopathy. The treating provider had selected trigger point injections as a major modality but also requested the use of Hydrocodone/APAP 10/325, 1 tab every 6 hours (180), Gabapentin 600mg 1 tab 3 times a day (120) for neuropathic pain and Mirtazapine (Remeron) 15mg 2 tabs at bedtime (90) for chronic headache. The dispute is related to the utility of the Mirtazapine and the IMR felt that the medication needed to be weaned and reduced the number of tablets to facilitate that plan. Diagnoses included the following: Chronic Daily Vascular Headaches/Post-Traumatic, as well as Cervicogenic; Failed Back Syndrome with Intractable Pain; C6-7 Radiculopathy; Chronic Myofascial Pain Syndrome, Cervical and Thoraco-Lumbar; Chronic Bilateral Pain - Knees; Status Post R Hip Replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15 mg 2 tabs po qhs #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mirtazapine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 13-16, 16-20, 60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comparative Effectiveness of Second-Generation Antidepressants for Accompanying Anxiety, Insomnia and Pain in Depressed Patients: Systematic Review, Thaler KJ et al, Depression and Anxiety 29:495-505 (2012) and Mirtazapine Decreases the Pain Feeling in Healthy Participants, Arnold P, Clin J Pain 24,2:116-119 (2008)

Decision rationale: The injured worker suffers from depression in addition to chronic headaches likely related to cervical discogenic pain associated with a C6-7 radiculopathy generating diffuse upper back and neck pain. In addition, there were identified multiple trigger points compatible with a diagnosis of Fibromyalgia/Myofascial Pain Syndrome. The original GENEX review mischaracterized the Mirtazapine as a benzodiazepine. It is however a member of a group of Second Generation Antidepressants (SGA) that includes Bupropion, Mirtazapine, Nefazodone and Trazodone. The Mirtazapine (Remeron) is felt to act on adrenergic inhibitory auto-receptors to increase noradrenergic and serotonergic activity. It is classified as a Tri-Cyclic Antidepressant (TCA). It has been shown to favorably influence descending pain inhibitory systems as well as positively interacting with opiate pathways. It has been shown to be well tolerated with fewer side effects than first generation Tri-Cyclic Antidepressants. Antidepressants are considered first line options for neuropathic pain and possibly for non-neuropathic pain. The TCA's are recommended over selective serotonin reuptake inhibitors (SSRI's). Older generation TCA's were however associated with significant and intolerable side effects not found to the same degree with Mirtazapine. As a member of a recommended class of agents for management of chronic pain in a specifically studied family of agents (TCA's) and with a better safety profile, being used in conjunction with an opioid analgesic and an Anti-Epileptic Drug (AED) Gabapentin, also recommended for use in chronic neuropathic pain this agent can be recommended for use. The original modification cannot be supported for: 1 - the mischaracterization of Mirtazapine as a Benzodiazepine and 2 - it is a member of a recognized family of agents (TCA's) recommended for use with chronic pain. Therefore, the request is medically necessary.