

Case Number:	CM14-0024947		
Date Assigned:	06/11/2014	Date of Injury:	03/20/2009
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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, 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 injured worker is a 49-year-old female who reported an injury on 03/20/2009. The mechanism of injury is noted to be a fall. The diagnoses were noted to be status post L4-5 fusion on 11/14/2012, left knee pain, left thumb arthritis, and left carpal tunnel syndrome. Prior treatment was noted to be cortisone injection therapy and pharmacological interventions. The physical examination of the lumbar spine showed flexion at 40 degrees, extension at 20 degrees, left and right lateral bending past 20 degrees; straight leg raise was negative bilaterally; slight weakness in extensor hallucis longus function bilaterally; otherwise normal dorsiflexion and plantar flexion, leg flexion/extension, and thigh function. There was spasm and guarding at the base of the lumbar spine. Examination of the left knee showed medial joint line tenderness lateral to the left. The knee was stable to loading with varus and valgus angulation. Anterior and posterior drawer signs were normal. There was full 130 degrees range of motion. No swelling or effusions were palpated. Examination of the left upper extremity showed normal Tinel's sign over the cubital and carpal tunnels. There were no sensory deficits. Reflexes were 2+ and equal at the biceps, triceps, and brachioradialis. There was some pain to palpation over the carpometacarpal joint, but no pain with loading of the joint. There was no loss of range of motion in the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRTAZEPINE 15 MG QUANTITY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 111-113.

Decision rationale: The request for mirtazapine 15 mg quantity 30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate a recommendation for antidepressants for chronic pain. The guidelines suggest antidepressants as an option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation, should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. The injured worker was prescribed mirtazapine for sleep, and this is located in the document of a clinical visit on 01/31/2014. The provider's request of mirtazapine fails to indicate a frequency. In addition, the guidelines recommend a trial of at least 4 weeks. The injured worker's clinical document notes that the medication is for an as needed sleep aid. The guidelines recommend antidepressants for pain, both neuropathic and possibly non-neuropathic. As such, the request for mirtazapine 15 mg quantity 30 is not medically necessary.