

<b>Case Number:</b>	CM14-0036458		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Orthopedic Surgery 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 53-year-old gentleman who was reportedly injured on October 5, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 28, 2014, indicates that there are ongoing complaints of low back pain with radiculopathy. The physical examination demonstrated a normal upper and lower extremity neurological examination. The treatment plan on this date recommended continuation on Paxil and use of an over-the-counter sleep aid such as melatonin. A request had been made for retroactive use of mirtazapine and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro review: Miratazapine 15mg for date of service 5/8/2013, Qty: 30:00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirtazapine Tablets, Clinical Pharmacology: [www.drugs.com/pro/mirtazapine-tablets.html](http://www.drugs.com/pro/mirtazapine-tablets.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

**Decision rationale:** Mirtazapine is an antidepressant often prescribed for use as a sleep aid. The medical record does indicate that the injured employee has been diagnosed with depression but is also mention of difficulty sleeping. On the most recent progress note dated February 28, 2014, the use of an over-the-counter sleep aid was recommended and there was no mention of the use of mirtazapine in the past or potential effectiveness. A review of prior progress notes states that mirtazapine was prescribed but again does not indicate its indication or its efficacy. Therefore, this request for mirtazapine is not medically necessary.

**Retro review: Miratazapine 15mg for date of service 8/28/2013, Qty: 30:00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirtazapine Tablets, Clinical Pharmacology: [www.drugs.com/pro/mirtazapine-tablets.html](http://www.drugs.com/pro/mirtazapine-tablets.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

**Decision rationale:** Mirtazapine is an antidepressant often prescribed for use as a sleep aid. The medical record does indicate that the injured employee has been diagnosed with depression but is also mention of difficulty sleeping. On the most recent progress note dated February 28, 2014, the use of an over-the-counter sleep aid was recommended and there was no mention of the use of mirtazapine in the past or potential effectiveness. A review of prior progress notes states that mirtazapine was prescribed but again does not indicate its indication or its efficacy. Therefore, this request for mirtazapine is not medically necessary.

**Retro review: Miratazapine 15mg for date of service 1/31/2014; Qty: 30:00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirtazapine Tablets, Clinical Pharmacology: [www.drugs.com/pro/mirtazapine-tablets.html](http://www.drugs.com/pro/mirtazapine-tablets.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

**Decision rationale:** Mirtazapine is an antidepressant often prescribed for use as a sleep aid. The medical record does indicate that the injured employee has been diagnosed with depression but is also mention of difficulty sleeping. On the most recent progress note dated February 28, 2014, the use of an over-the-counter sleep aid was recommended and there was no mention of the use of mirtazapine in the past or potential effectiveness. A review of prior progress notes states that mirtazapine was prescribed but again does not indicate its indication or its efficacy. Therefore, this request for mirtazapine is not medically necessary.