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| <b>Case Number:</b>   | CM14-0073374 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 08/01/2000 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2014 |

### 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 Internal Medicine 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 57 year old female who was injured on 08/01/2000 when she slipped and fell while walking on the playground. The patient underwent L5-S1 intradiscal electrothermal therapy on 09/21/2013. Progress note dated 01/24/2014 states the patient presented with complaints of neck, upper and low back pain rated as 6-8/10. She reported 50% improvement with her medications. She noted she was feeling depressed and rated it as 5/10. Objective findings on exam revealed restricted range of motion of the thoracic and lumbar spine. There was multiple myofascial trigger points noted throughout the cervical paraspinal muscles. Her sensation was decreased in the lateral aspect of the right calf area, as well as in the lateral aspect of the arm. The proximal and distal muscles of the bilateral upper extremities were 4+/5. Diagnoses are mild left C5 radiculopathy and mild to moderate left C7 radiculopathy; cervicogenic as well as vascular type chronic daily headaches; mild to moderate left and mild right L5 radiculopathy; chronic myofascial pain syndrome, cervical and thoracolumbar spine. She has been recommended hydrocodone APAP and Mirtazapine 15 mg #90 which she is scheduled for weaning over a 2 month period of time. Prior utilization review dated 05/08/2014 states the request for Mirtazapine 15mg #90 is modified to certify Mirtazapine 15 mg #60 as it is recommended as a first line option for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Benjamin, Sophiya, and P. Murali Doraiswamy "Review of the use of mirtazapine in the treatment of depression" Expert opinion on pharmacotherapy 12.10 (2011) 1623-1632.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The guidelines recommend antidepressants as a first line option for neuropathic pain. The documents identify the patient as having chronic neuropathic pain as well as depression. It is reasonable to use mirtazapine as a trial for the patient's medical illnesses. The prescribing physician ordered a dose of 30mg daily which is a reasonable dose. However, it is unclear why the physician has requested more than a 1-month supply. It would be recommended to prescribe a 30-day trial and follow up with the patient to evaluate the response to therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.