MAXIMUS Federal Services

Case Number:	CM14-0096236		
Date Assigned:	07/25/2014	Date of Injury:	06/29/2006
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation, has a subspecialty in Pain Care and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 06/29/2006, due to an unknown mechanism. The diagnoses were cervical spine, herniated nucleus pulpus, thoracic spine herniated nucleus pulpus, lumbar spine herniated nucleus pulpus, stress, insomnia, rule out fibromyalgia, fatigue. Past treatments and diagnostics and surgical history were not reported. The injured worker had a physical examination on 06/05/2014, with complaints of persistent pain in mid back and low back with numbness and weakness of the lower extremities, the right side greater than the left. She denied any pain in her neck at this time. The severity of pain was rated at an 8, overall, without medication or therapy. The pain was reduced to a 5, with medications only. Examination revealed the injured worker was in tears and appeared to be under stress. Examination revealed muscular spasm over the cervical spine region. There was no tenderness to palpation noted. The thoracic lumbar spine revealed stiffness of the facet joints associated with muscular guarding over the paraspinal musculature. The injured worker was unable to perform range of motion. Treatment plan was to continue medications as directed and to request acupuncture. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #30 Body part cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13,14.

Decision rationale: The request for Mirtazapine 15 mg, quantity 30, body part cervical is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state antidepressants are recommended as a first line 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, where as antidepressant effect takes longer to occur. The optimal duration of treatment is not known because most double plan trials have been of short duration. Although, the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.