

<b>Case Number:</b>	CM14-0186161		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational 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:

This is a 38-year-old male with a 4/17/13 date of injury. The injury occurred when he fell through a section of a roof about 30 feet onto a concrete flooring surface. According to a handwritten progress report dated 10/7/14, the patient complained of chest pain, rib pain, and numbness in his hands, legs, and feet. The provider noted that this patient requires FRP. Objective findings: not provided. Diagnostic impression: right knee sprain. The treatment to date includes medication management, activity modification, and a knee brace. A UR decision dated 10/9/14 modified the request for Remeron from 30 tablets to 20 tablets for weaning purposes. In a case discussion, the provider stated this was given to address disturbed sleep and stated this drug was of recent use. However, no sleep patterns were detailed and benefits not reported. The available documentation and discussion did not evidence benefits and as abrupt withdrawal is not supported, weaning is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron Sitb Tab 30mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16, 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 SSRIs Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Remeron)

**Decision rationale:** The CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. According to the FDA, Remeron (mirtazapine) is an antidepressant. Mirtazapine affects central noradrenergic and serotonergic activity in the brain that may become unbalanced and cause depression. Remeron is indicated for the treatment of major depressive disorder. According to the UR decision dated 10/9/14, it is noted that the provider indicated that Remeron has been given to this patient to address his disturbed sleep. However, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, there is no documentation that this patient has symptoms of or a diagnosis of depression to establish the medical necessity of this medication. Therefore, the request for Remeron Sltb Tab 30mg #20 was not medically necessary.