

<b>Case Number:</b>	CM15-0000124		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 2/22/2010, while employed as a maintenance person. He has reported neck and back pain. The diagnoses have included lumbar disc displacement without myelopathy. Treatment to date has included conservative treatments. On 8/21/2014, the injured worker reported low back and neck pain. At this time, he complained of anxiety, but denied depression. Mirtazapine 15mg #30 was requested for antidepressant/sleep. On 10/02/2014, the injured worker reported gradually worsening pain and sexual dysfunction. Treatment with extended release opioid medication was ineffective, noting self escalating dosing. He requested treatment with Norco, stating that this medication helped him the most. The treatment plan noted pain medication from multiple sources with Norco. He was alert and examination did not exhibit acute distress, anxiety, or tearfulness. On 12/04/2014, Utilization Review non-certified a prescription for Mirtazapine (Remeron) 15MG #30, noting the lack of compliance with MTUS and ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRTAZAPINE (REMERON) 15MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation remeron physician desk reference

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Both the ODG and the Physician Desk reference state the requested medication has indications for use as an antidepressant and a sleep aid. The progress notes indicate the medication has been prescribed for depression and insomnia. Therefore the medication is certified as it meets guideline recommendations.