

<b>Case Number:</b>	CM15-0102898		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 55-year-old female who sustained an industrial injury on 10/07/2004. Diagnoses include status post right knee arthroplasty 4/30/08, pain in joint lower leg and disorders of the sacrum. Treatment to date has included medications, activity modification, physical therapy, knee injections and aspiration of fluid, walker use, lumbar epidural steroid injections and home exercise. According to the visit note dated 4/14/15 the IW reported her bilateral knee pain was worsening. She also reported her medications relieve her pain by about 30 to 40%, Soma relieved her muscle spasms 100% and she can function better. On examination there was tenderness at the lumbosacral junction, decreased range of motion in the lumbar spine; decreased sensation along the right lower extremity, decreased strength in the right lower extremity and straight leg raise was negative bilaterally. The left knee was tender over the lateral and medial joint lines and palpable swelling in the lateral left knee was noted, due to what appeared to be fluid. A request was made for Mirtazapine 15mg, #30 with 1 refill for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Mirtazapine 15mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

**Decision rationale:** Mirtazapine is a selective serotonin reuptake inhibitor. According to ODG guidelines, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." There is no documentation of pain reduction and functional improvement with previous use of Mirtazapine. The patient has been using the medication for insomnia, however there are no symptoms or current diagnosis of coexisting depression. Therefore, the request for Mirtazapine 15mg #30 with 1 refill is not medically necessary.