

Case Number:	CM15-0108865		
Date Assigned:	06/15/2015	Date of Injury:	08/10/2012
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
Certification(s)/Specialty: Emergency 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 is a 62 year old male, who sustained an industrial injury on 8/10/12. He reported pain in the lower back related to cumulative trauma. The injured worker was diagnosed as having lumbar sprain, lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy and spondylolisthesis congenital. Treatment to date has included a lumbar MRI, Norco, Zanaflex and Remeron. As of the PR2 dated 4/19/15, the injured worker reports pain in the lower back has flared up and walking causes the legs to cramp. Objective findings include a positive straight leg raise test bilaterally and tenderness to palpation with spasms. The treating physician requested Mirtazapine 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg, quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16.

Decision rationale: The request for Mirtazapine 15mg, quantity: 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, recommend anti-depressant medications for chronic pain, neuropathic pain and pain-induced depression. The injured worker has pain in the lower back that has flared up and walking causes the legs to cramp. Objective findings include a positive straight leg raise test bilaterally and tenderness to palpation with spasms. The treating physician has not documented sleep hygiene modification efforts or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Mirtazapine 15mg, quantity: 30 is not medically necessary.