

<b>Case Number:</b>	CM15-0146583		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/08/1987
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 is a 52 year old male, who sustained an industrial injury on 2-8-1987. He reported multiple cumulative injuries to the low back, left knee, and respiratory tract. Diagnoses include right nephrectomy due to renal liposarcoma. Treatments to date include medication therapy, therapeutic botox injections, and thoracic epidural steroid injections. Currently, he complained of right lower quadrant pain. He reported difficulty sleeping, waking frequently and reported good relief with Remeron before bed. On 6-24-15, the physical examination documented muscle spasm and dystonia of the trunk wall. The plan of care included prescription for Remeron 15mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 15mg #30:** 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), pain chapter, (chronic): insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Remeron (Mirtazapine) Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** According to MTUS guidelines antidepressant "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain". Remeron (Mirtazapine) is an antidepressant that could be used in neuropathic pain. There is no documentation that the patient is suffering from an ongoing neuropathic pain. The patient has been using Remeron and ambien for insomnia since February 2015 without any improvement. Therefore the request for Remeron 15mg #30 is not medically necessary.