

Case Number:	CM15-0204044		
Date Assigned:	10/20/2015	Date of Injury:	03/07/2010
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male, who sustained an industrial injury on 3-7-10. The injured worker was diagnosed as having lumbar disc disease with bilateral radiculopathy and neuropathic pain; cervical and thoracic disc disease; sacroiliac joint and facet arthropathy; myofascial and facet joint arthropathy; myofascial syndrome; suprascapular neuropathy; reactive sleep disturbance. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker presented to the office for a re-evaluation. He complains of continued significant pain. The provider notes, "Although the oxycodone has been helpful, it is being denied. With oxycodone his pain goes down to as low as 4 out of 10 and without is 9 out of 10. He also received Neurontin 800mg TID. The patient is still mobilizing with a cane." The provider documents his objective findings "The patient still has myofascial and neuropathic pain. The pain is relieved partially by use of oxycodone. It was also well relieved with Terocin 4% lidocaine patches and the Monarch pain cream. His pain involves his low back, mid back and upper back and neck, shoulders, legs and feet. The patient was noted to have less difficulty getting in and out of the chair. He has abnormal sensation and loss of sensation in both legs. Deep tendon reflexes are still zero. Both ankles and both knees were weak, as well as the left hip. He has atrophy of the quadriceps muscles. That was confirmed by measurement. Both sciatic notches are tender. Sacroiliac joints and facets joints are tender as well. He has widespread myofascial syndrome." The provider notes his medications again as Neurontin 800mg tid and oxycodone. He notes the injured worker is not taking Hydromorphone or oxymorphone or Dilaudid at this time and notes he does need an epidural steroid injection." He

continues his documentation noting "It also turns out that this patient is not sleeping secondary to his pain. For that we are dispensing him some mirtazapine 15mg to take one at night." A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-8-15 and non-certification for Mirtazapine 15mg #30 for chronic pain. A request for authorization has been received for Mirtazapine 15mg #30 for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #30 for chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress and mental illness.

Decision rationale: Mirtazapine (brand names: Avanza, Axit, Mirtaz, Mirtazon, Remeron, Zispin) [6] is a noradrenergic and specific serotonergic antidepressant (NaSSA) introduced by ██████████ in the United States in 1996, and is used primarily in the treatment of depression. It is also commonly used as an anxiolytic, hypnotic, antiemetic and appetite stimulant. In structure, mirtazapine can also be classified as a tetracyclic antidepressant (TeCA). The CA MTUS and the ODG are silent on the subject of TeCA. However according to the ODG, stress and mental illness section: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin receptor agonists; & (4) Sedating antihistamines (primarily over-the-counter medications). As the TeCA class is not included in the recommendations of the guidelines, the request is not medically necessary.