

<b>Case Number:</b>	CM15-0038311		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 patient, who sustained an industrial injury on 11/02/2007. A pain visit dated 01/28/2015, reported the patient with subjective complaint of low back pain accompanied with constant numbness to bilateral lower extremities. The pain is aggravated by activity, standing, walking and laying. He also complained of insomnia associated with the ongoing pain. In addition, the patient reports hearing "crackling" and "popping" sounds in his back accompanied by pain. He is also experiencing some gastrointestinal upset secondary to the medications. He takes NSAIDS, Opiods and sleep medication. Radiography study performed 08/12/2014 revealed post-operative changes at L4-5 and L5-S1 to include interbody cages and or spacers, anterior metallic fusion and posterior metallic fusion. The patient underwent trigger point injections during this visit. The following diagnoses are applied; chronic pain, other; lumbar facet arthropathy; lumbar radiculopathy; status post fusion, lumbar; erectile dysfunction secondary to pain med; chronic nausea/vomiting; rule out buttock abscess and apparent severe food allergy. A request was made for medication Mirtazapine 15mg # 60. On 02/19/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Tricyclic Anti-Depressants was cited. On 03/02/2015, the injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 107.

**Decision rationale:** In the case of this request, the antidepressant is being used primarily for mood disorder and chronic pain, which are mentioned in the MTUS. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Although there is a general statement that medications help improve function in a progress note from January 2015, there is no specific commentary as to the need for mirtazapine. Furthermore, there is no effect specified of the mirtazapine. Given the lack of documented effect of this medication specifically, the mirtazapine is not medically necessary.