

<b>Case Number:</b>	CM15-0052875		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 52 year old male injured worker suffered an industrial injury on 12/05/2001. The diagnoses included revision of right above the knee amputation stump, bilateral above the knee amputations, chronic pain syndrome and chronic sinus tract right hip. The injured worker had been treated with medications and multiple surgeries. On 3/6/2015 the treating provider reported insomnia. The patient has had pain in low back and right thigh. Physical examination of the low back revealed tenderness on palpation, incision on thigh for sinus tract was not healed completely and patient was wheelchair bound. The patient has had sinus tract infection in right upper thigh. The treatment plan included Mirtazapine. The medication list include Oxycontin, Norco, Mirtazapine, Colace, Penicillin and Neurontin. The patient's surgical history include lumbar discectomy and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 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), 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) Mental Illness & Stress (updated 03/25/15) Insomnia treatment.

**Decision rationale:** Request: Mirtazapine 15mg #30. MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline, Insomnia treatment: Recommend that treatment be based on the etiology, with the medications. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Detailed evidence of coexisting depression was not specified in the records provided. A detailed history of anxiety or insomnia is not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. The medical necessity of the request for Purchase of a Mirtazapine 15mg #30 is not fully established for this patient, & the request is not medically necessary.