

Case Number:	CM14-0182561		
Date Assigned:	11/07/2014	Date of Injury:	06/09/2009
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This employee is a 42 year old female with date of injury of 6/9/2009. A review of the medical records indicate that the injured worker is undergoing treatment for chronic cervicogenic headaches, right shoulder sprain, lumbar radiculopathy, and chronic myofascial pain syndrome of the cervical, thoracic, and lumbar spine. Subjective complaints include continued pain in her neck, right shoulder, and back with radiation down bilateral extremities. Objective findings include limited range of motion of the thoracic and lumbar spine with tenderness to palpation; multiple trigger points in the cervical spine area; sensation to fine touch and pin prick was decreased in the lateral aspect of the right calf and foot. Treatment has included Mirtazapine, Oxycontin, Norco, and Tramadol. The utilization review dated 10/15/2014 non-certified Mirtazapine 15mg 2 tabs QHS #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg 2 tabs QHS #60 for 4 weeks; number of refills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2010. Physician's Desk Reference, 68th edition www.RxList.com. ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. drugs.com,

Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com.
Opioid Dose www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-16.

Decision rationale: Mirtazapine is an alpha-2 Antagonist antidepressant indicated for the treatment of major depressive disorder. MTUS states regarding antidepressant: "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken." In this case, the medical documentation does not show an assessment of treatment efficacy from the previous use of this medication, including any comments on functional improvement, psychological assessment, or pain reduction. As such, the request for Mirtazapine is not medically necessary.