

<b>Case Number:</b>	CM15-0117200		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 33 year old male, who sustained an industrial injury on 10/27/2008. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, status post fusion L4-S1 in 2009, unspecified major depression, recurrent episode, neck pain, and headache tension. A history of psychiatric disease was noted. Treatment to date has included diagnostics, lumbar spinal surgery 2009, spinal cord stimulator implant, mental health treatment, and medications. Per the progress report on 2/04/2015, Mirtazapine was restarted once again for poor sleep and mood disturbance, noting complaints of anxiety, depression, hallucinations, and suicidal thoughts. Currently (4/09/2015), the injured worker complains of low back pain, stating that pain was usually 6-7/10 but today was 10/10. He was scheduled to have spinal cord stimulator explantation procedure on 3/24/2015, but did not make it for the procedure due to transportation issues. He reported significant insomnia due to pain. He was documented as using Mirtazapine for neuropathic symptoms and insomnia. He continued to complain of anxiety, depression, hallucinations, and suicidal thoughts. Other medications included Ondansetron, Diclofenac, Venlafaxine, Sennosides, DSS softgel, Fentanyl, Ambien, Gabapentin, and Hydroxyzine. His work status was permanent and stationary. He was provided a Medrol dosepack and the treatment plan included continued medications. Mental health therapy noted were not found.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15mg #30 (ms) SIG: take 1 at bedtime qty: 30.00 lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment; Chronic Pain Chapter, Antidepressants for Chronic Pain.

**Decision rationale:** Regarding the request for mirtazapine, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. ODG also states 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. Within the documentation available for review, there is no identification that the mirtazapine provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. There is documentation of being able to sleep 2-3 hours with the medicine a month after it was started and later documentation of being able to sleep for several nights. However, no baseline sleep function was noted. Furthermore, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested mirtazapine, is not medically necessary.