

<b>Case Number:</b>	CM15-0027349		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/31/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

### 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 35 year old male with an industrial injury dated July 31, 2010. The injured worker diagnoses include low back pain, internal disk disruption, chronic pain, insomnia, left sacroiliac joint dysfunction and spondylosis. He has been treated with diagnostic studies, transcutaneous electrical nerve stimulation (TENS) unit, prescribed medications and periodic follow up visits. According to the progress note dated 1/5/2015, the injured worker reported unchanged pain, numbness and weakness in bilateral legs for the past six months. He also reported new lesions on his chest and left forearm. The treating physician noted multiple flat dark lesions appearing mole like on chest and tenderness to palpitation over right and left sacroiliac joint. Straight leg raises, Ganselen's, Fabers and pelvic compression test were all positive on the left. The treating physician prescribed a trial of Mirtazapine tab 15mg #30. Utilization Review determination on January 20, 2015 denied the request for Mirtazapine tab 15mg #30, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine tab 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under insomnia.

**Decision rationale:** The patient was injured on 07/31/10 and presents with low back pain, numbness/ weakness in bilateral legs, and new lesions on his chest and left forearm. The request is for MIRTAZAPINE TABLETS 15 MG #30. The RFA is dated 01/05/15 and the patient is on a modified work duty. It appears that this is the initial request for this medication. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia 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, but they may be an option in patients with coexisting depression." This is the initial trial of Mirtazapine. The patient is diagnosed with low back pain, internal disk disruption, chronic pain, insomnia, left sacroiliac joint dysfunction and spondylosis. Although the patient has been diagnosed with insomnia, there is no indication of the patient having any signs of depression, as required by ODG guidelines. Therefore, the requested Mirtazapine IS NOT medically necessary.