

Case Number:	CM15-0076833		
Date Assigned:	04/28/2015	Date of Injury:	11/17/2012
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65-year-old female who sustained an industrial injury on 11/17/12. She has reported initial complaints of right shoulder and back injury after falling with a client on her buttocks. The diagnoses have included lumbar disc displacement without myelopathy and sciatica. Treatment to date has included medications, diagnostics, epidural steroid injection (ESI) and physical therapy. The current medications included Tramadol, Aspirin and Metformin. Currently, as per the physician progress note dated 3/30/15, the injured worker complains of constant low back pain with radiation of pain, numbness and tingling down the right leg to her knees. She reports being uneasy on her feet at times. The right shoulder pain is also noted to be 4-5/10 on pain scale. She states that she has difficulty sleeping due to pain but that Mirtazapine medication was beneficial in the past with her insomnia. There was no urine drug screen noted. The physician requested treatment included Mirtazapine 15mg #30 for sleep.

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), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: Mirtazapine is a selective serotonin reuptake inhibitor. According to ODG guidelines, Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. There is no documentation of pain reduction and functional improvement with previous use of Mirtazapine. The patient has been using the medication for insomnia and neuropathic symptoms, but her most recent report did not document any improvement. Therefore, the request for Mirtazapine 15 mg #30 is not medically necessary.