MAXIMUS Federal Services

Case Number:	CM15-0077403		
Date Assigned:	04/24/2015	Date of Injury:	03/21/1991
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 03/21/1991. He has reported injury to the low back. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercise program. Medications have included Norco, soma, Gabapentin, Duragesic patch, Mirtazapine, and Omeprazole. A progress note from the treating physician, dated 03/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain rated 6/10 on the visual analog scale; sometimes gets a shooting pain up his neck causing headaches; exercises; and sleeps better with medications. Objective findings included tenderness to the lumbar spine with myospasm noted; and moderate pain guarding in the lumbar spine. The treatment plan has included the request for Mirtazapine 30 mg, thirty count, with no refills. Updated narrative 4/30/15 documents benefits from Lexapro, no mention is made of ongoing use or benefits from Mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 30 mg, thirty count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-18.

Decision rationale: MTUS Guidelines do not give support to dual antidepressants for pain related depression. There is no diagnosis of a chronic major depressive disorder and it is clearly documented that another antidepressant (Lexapro) has been beneficial. There is no documentation that Mirtazapine is beneficial or medically necessary concurrent with Lexapro. Under these circumstances, the Mirtazapine 30mg. #30 no refills is not supported by Guidelines and is not medically necessary.