MAXIMUS Federal Services

Case Number:	CM15-0090263		
Date Assigned:	05/13/2015	Date of Injury:	01/31/2003
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Family Practice

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 41 year old female, who sustained an industrial injury on January 31, 2003, incurring low back injuries. She had a history of chronic low back pain and Magnetic Resonance Imaging revealing lumbosacral disc bulging. The injured worker had complaints of low back pain and bilateral leg numbness in February 2003. She was given medications and modified job duties. Treatment included a lumbosacral fusion in 2008, Radiofrequency Ablation, trigger point injections, physical therapy, acupuncture, transcutaneous electrical stimulation unit, psychotherapy, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of increased, persistent low back pain and right shoulder pain. The treatment plan that was requested for authorization included a prescription for Mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mirtazapine; antidepressants Page(s): 13-14, 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter http://www.drugs.com/remeron.html.

Decision rationale: Remeron (mirtazapine) is an antidepressant. Per ODG, Remeron is used to treat major depressive disorder. ODG notes that 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. In this case, the medical records do not establish efficacy with the use of this medication. The request for Mirtazapine 15mg #60 is not medically necessary or appropriate.