MAXIMUS Federal Services

Case Number:	CM13-0023044		
Date Assigned:	11/15/2013	Date of Injury:	05/30/2012
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 65 year old female who was injured on 05/30/12. She was working as a nurse and was struck in the head and face by an agitated patient. She stated that she sustained injuries to the head, mid and upper back, neck, psyche, jaw, and cheek. She states she has sleep issues, vertigo, and migraines. A CT brain was performed at that time. She was told she had a concussion. She has had continued complaints of headaches and dizziness since the injury. She states that she has had falls because of the dizziness. An EEG was normal. She describes some word finding difficulties but no problems with memory loss, forgetfulness, or other cognitive issues. Her daughter notes some depression. She was diagnosed with: headaches,2. Migraine, right temporal meningioma (CT scan), 3. Status post concussion, contusion secondary to head trauma.4. Status post right TM perforation, vertigo. PR-2 note dated 09/17/13, reveals the claimant presented with complaints of right temporal headaches, dizziness, and loss of balance. It was noted that the mechanism of injury was the claimant was kicked on the right side of the head. Previous treatment has included medications with temporary benefit and physical therapy with temporary benefit. The claimant reports a current pain level of 9/10. Cervical spine exam revealed no gross abnormality. Urine drug screen was performed. It was recommended the claimant undergo MRI of the cervical spine to further evaluate the claimant's persistent pain and symptoms. It was recommended she undergo acupuncture therapy 3-4 visits. The Patient completed the Beck Depression Inventory-II psychologist screening tool on 09/17/2013; the results of this assessment test along with the patient's clinical history were thoroughly reviewed. Based on the finding(s) of the BDI-I1 screening when factored with patient history and physician examination findings, it has been determined that this patient does not require immediate/additional psychiatric intervention. 5/29

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mirtazapine tabs 30mg #30 (DOS 6/13/2013): 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), Head, Neck, and Pain Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress and also Head Chapter , Insomnia Treatment and Sleep Aids, and Neurol Clin. Author manuscript; available in PMC 2013 November 1. Neurol Clin. 2012 November; 30(4): 1299-1312. doi: 10.1016/j.ncl.2012.08.008 P

Decision rationale: The request for retrospective Mirtazapine tabs 30mg #30 (DOS 6/13/2013) is not medically necessary. Mirtazapine (also known as Remeron) is not specifically addressed in the MTUS. The ODG states that Sleep disturbance is a relatively common complication following TBI. Common sleep disorders for which individuals are at risk include, but are not limited to, posttraumatic hypersomnia, narcolepsy, central sleep apnea, obstructive sleep apnea, nocturnal seizures, periodic limb movement disorder (PLMD) and insomnia. Mirtazapine can be used in traumatic brain injury patients for insomnia. (Per article in Neurol Clin. 2012 November; 30(4): 1299-1312. Traumatic Brain Injury and Sleep Disorders by Mari Viola-Saltzman, D.O. and Nathaniel F. Watson, M.D., M.Sc. which states that "Lastly, sedating antidepressants, such as trazodone and mirtazapine are helpful to treat insomnia, regardless of the presence or absence of comorbid mood issues.") Despite this, it would not be medically appropriate to prescribe Mirtazipine without ruling out obstructive sleep apnea. " Per 7/10/13 PRIMARY TREATING PHYSICIAN (PTP) REPORT : Patient had a history of insomnia and snoring; worsened since her injury .This report recommended to rule out obstructive sleep apnea (OSA) There is no documentation submitted that obstructive sleep apnea was ruled in/out. Therefore, Mirtazipine is not medically necessary. Additionally, If Mirtazapine used for depression patient's Beck Depression Inventory-II screening tool on 09/17/2013, determined that this patient does not require immediate/additional psychiatric intervention.