

<b>Case Number:</b>	CM14-0099940		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/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:

Injured worker is a 51 year old female with date of injury 12/3/2007. Date of the UR decision was 6/11/2014. She was injured in a Motor Vehicle Accident when a car hit the driver side front door which resulting in her being inflicted with physical injuries leading to left sided face, neck, shoulder and low back pain. Report dated 10/22/2013 diagnosed her with Major depression with anxiety and Chronic Pain syndrome with both psychological factors and general medical condition. Report dated 11/12/2013 suggested that she had been taking Mirtazepine 15 mg at bedtime, however was continuing to experience severe depression as evident from PHQ 9 scale score of 20 indicating severe depression. Report dated 2/11/2014 also suggested continuation of Mirtazepine 15 mg, but severe levels of depression per the PHQ 9 scale administered that day. Per report dated 6/3/2014, she was noted to have severe hopelessness based on the results of the scale performed. Report dated 6/24/2014 listed that she had pain levl of 8/10 in her neck and was anxious and was deemed to be severely depressed based on PHQ 9 score of 29.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress, <MDD treatment, severe presentations.

**Decision rationale:** ODG recommends use of Antidepressant medications for Major Depressive disorder. However, in this case the injured worker has not experienced much improvement in symptoms since the Mirtazapine has been started. There seems to be no functional improvement with the medication based on consistent high scores on PHQ 9 indicating severe depression. The request for ongoing use of Mirtazapine 15mg, unspecified quantity is not medically necessary based on lack of improvement.

**Ativan 0.5mg #60:** 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), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus the request for Ativan 0.5mg #60 is not medically necessary.