

Case Number:	CM15-0006926		
Date Assigned:	01/26/2015	Date of Injury:	11/14/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 56 year old female, who sustained an industrial injury on 11/14/13. She has reported anxiety and post traumatic stress disorder related to a robbery at her place of employment. The diagnoses have included post traumatic stress disorder, depression and anxiety. Treatment to date has included psychotherapy and medications. As of the PR2 on 12/8/14, the injured worker is reporting increased anxiety and agitation due to upcoming testimony at trial. Per the PR2, the treating physician is ordered Mirtazpine 45mg at bedtime and Diazepam 5mg twice daily. On 12/15/14 Utilization Review modified a request for Diazepam 5mg twice daily to Diazepam 5mg 1/2tab twice daily and non-certified a request for Mirtazpine. The UR physician cited the MTUS chronic pain medical treatment and ODG pain guidelines. On 1/13/15, the injured worker submitted an application for IMR for review of Diazepam 5mg twice daily and Mirtazpine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazpine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress; PTSD pharmacotherapy

Decision rationale: Per ODG "PTSD pharmacotherapy: Recommended as indicated below. Monotherapy: Strongly recommend selective serotonin reuptake inhibitors (SSRIs) for the treatment of PTSD. (VA/DoD, 2004) (Stein, 2000) Recommend tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) as second-line treatments for PTSD. (Stein, 2000) (Hawton-Cochrane, 2002) Consider an antidepressant therapeutic trial of at least 12 weeks before changing therapeutic regimen. (Martenyi, 2002) Consider a second-generation (e.g., nefazodone, trazodone, venlafaxine, mirtazapine, bupropion) in the management of PTSD. (Hidalgo, 1999)"The use of Mirtazapine is clinically indicated in treatment of Post Traumatic Stress Disorder and the submitted documentation has noted good response with the medication in treating Injured worker's symptoms. However, the request does not specify the dose or the quantity of the medication being requested. Thus, the request is not medically necessary.

Diazepam 5mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): page(s) 24, 124.

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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Diazepam 5 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Diazepam 5 mg twice daily, unspecified is not medically necessary as the Benzodiazepines should be limited to short term use only per guidelines.