

Case Number:	CM15-0133822		
Date Assigned:	07/22/2015	Date of Injury:	10/30/2000
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina
 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 54 year old male who sustained a work related injury October 30, 2000, after a motor vehicle accident when his seat belt failed, his head hit the ceiling of the car, and he fractured 3 vertebrae. Past history include left shoulder surgery x 2, non-industrial surgical repair of a fractured left femur, anterior cervical discectomy and fusion, C5-7 August 2009, and right open carpal tunnel release August 19, 2014, and arthritis. According to a primary treating physician's progress report, dated June 16, 2015, the injured worker presented in consultation for evaluation and treatment of substance dependence. He reports wanting to stop taking Valium but if he stops he has panic attacks. Over time, his medication has been adjusted and stopped. He has been taking Valium since 2009 at 10mg per day and is noted to have severe anxiety. He has tried Wellbutrin and became depressed, Elavil and developed dry mouth and Cymbalta and his legs became weak. Current medication included Buprenorphine, Clonidine, Nabumetone, Sennalax-S, Tramadol, Tramadol Hydrochloride ER, Valium, and Zofran ODT. Diagnoses are opioid type dependence in remission; sedation hypnotic anxiolytic dependence continued; tinnitus; post lumbar fusion; adjustment disorder anxiety and depressed mood. At issue, is the request for authorization for Mirtazapine and a psychiatric consultation and counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Mirtazapine 15mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, remeron.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medicine is indicated in the treatment of depression. The patient has documented depression with failure of other treatment options. Therefore, the request is medically necessary.

1 psychiatric consultation and counseling: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM, the health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing psychiatric complaints and a psychiatry consult would be medically necessary.