

Case Number:	CM15-0140367		
Date Assigned:	07/30/2015	Date of Injury:	12/18/2012
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator approved multiple requests for Prozac while failing to approve a request for mirtazapine (Remeron). A March 17, 2015 office visit was cited in the determination. The claims administrator invoked non-MTUS ODG guidelines in favor of MTUS guidelines in its determination. The applicant's attorney subsequently appealed. On July 16, 2015, the attending provider appealed previously denied Remeron. The attending provider stated that Remeron was intended as a secondary antidepressant medication to augment Prozac and ameliorate the applicant's issues with sleep disturbance, posttraumatic stress disorder, and major depressive disorder, all of which were imputed to the applicant's industrial assault injury. On June 29, 2015, the attending provider stated that he was prescribing mirtazapine to augment Prozac and to ameliorate the applicant's issues with sleep and depression. Heightened symptoms of anxiety were reported. It was suggested that the applicant was not working and was receiving disability benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15 mg, thirty count with three refills: Overturned

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 Section.

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

Decision rationale: Yes, the request for mirtazapine (Remeron), an atypical antidepressant, is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as mirtazapine (Remeron) may be helpful to alleviate symptoms of depression, as were/are present here. Here, the attending provider posited that monotherapy with Prozac was inadequate and stated that mirtazapine (Remeron) was needed to ameliorate the applicant's issues with depression, anxiety, and posttraumatic stress disorder which had seemingly responded inadequately to Prozac monotherapy alone. Introduction of mirtazapine (Remeron) was, thus, indicated. Therefore, the request is medically necessary.