

<b>Case Number:</b>	CM15-0146466		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 55-year-old who has filed a claim for chronic shoulder, neck, and wrist pain with derivative complaints of depression reportedly associated with an industrial injury of July 28, 2010. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for mirtazapine (Remeron) and six medication management visits. The claims administrator did issue a partial approval of Remeron with three refills and also partially approved three medication management visits. The claims administrator referenced a progress note and associated RFA form of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing issues with major depressive disorder (MDD), anxiety disorder, and intermittent panic attacks. The applicant was off work and had not worked since 2011, it was reported. The applicant's medications included Ambien, Prilosec, Zocor, Norvasc, Zestril, glipizide, metformin, and iron, it was reported. The applicant was described as having difficulty sleeping. The applicant was described as having little-to-no income. The applicant was given a primary operating diagnosis of major depressive disorder (MDD) with resultant Global Assessment of Functioning (GAF) of 35-40. A first-time request for Remeron, 15 mg #30 with six refills was furnished. Six monthly medication management visits were sought. The applicant was asked to continue cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 15mg #30 with 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402; 47.

**Decision rationale:** No, the request for Remeron, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Remeron may take "weeks" to exert their maximal effect, here, however, the attending provider set forth a request for a seven-month supply of Remeron on an office visit of June 23, 2015. The request was framed as a first-time request for the same. It was not clear why such a lengthy supply of Remeron (mirtazapine) was furnished without having the applicant re-evaluate so as to ensure the efficacy of the same. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, thus, the request for a seven-month supply of Remeron without a proviso to re-evaluate the applicant so as to ensure a favorable response to the same, thus, was at odds with both the MTUS Guideline in ACOEM Chapter 15, page 402 and the MTUS Guideline in ACOEM Chapter 3, page 47. Therefore, the request was not medically necessary.

**Medication management follow up visits, 1 x per month x 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The request for six (6) monthly medication management follow-up visits was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's [mental health] symptoms. Here, thus, the request for six consecutive monthly management office visits ran counter to the philosophy espoused in the MTUS Guideline in ACOEM Chapter 15, page 405 as it did not factor into account the possibility that the applicant might improve and/or respond favorably to treatment, nor did it factor into account to the effect that the applicant could potentially deteriorate at a later point. If, for instance, the applicant's mental health issues stabilize following introduction of Remeron, then the applicant could conceivably be seen much less frequently than once monthly. Conversely, if the applicant's mental health issues deteriorate and/or the applicant became suicidal, the applicant would likely be needed to be seen much more frequently than once monthly. Therefore, the request was not medically necessary.