MAXIMUS Federal Services

Case Number:	CM15-0162550		
Date Assigned:	08/28/2015	Date of Injury:	12/18/2012
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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, California
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:

This is a 47-year-old male patient who sustained an industrial injury on 12-18-12. The diagnoses include post-traumatic stress disorder. He sustained the injury due to being assaulted at work. Per the note dated 6/29/15, he had increased anxiety and sleep problem. He was advised to discontinue prazosin and to start mirtazapine to help with sleep. Per a progress note dated 07-16-15 patient was advised to discontinue prazosin due to side effect- nausea and dizziness. The medications list includes fluoxetine and mirtazapine. Treatments to date include psychological counseling and medications. The requested treatment includes mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg QTY: 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Mental Health and Stress, PTSD Pharmacotherapy, Antidepressants for treatment of PTSD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15), Insomnia treatment.

Decision rationale: Mirtazapine 15mg QTY: 30 with 3 refills. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine)Mirtazapine is a noradrenergic and specific serotonergic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated)." In addition, per the cited guidelines "Sedating antidepressants (e.g., amitriptyline, trazodone, and mirtazapine) have also been used to treat insomnia." Per the records provided, he had complaints of increased anxiety, depression and sleep problem. The patient was assaulted at work and a diagnosis of post traumatic stress disorder has been noted. Patient is already taking fluoxetine. Mirtazapine is recommended in this clinical situation. The request of Mirtazapine 15mg QTY: 30 with 3 refills is medically appropriate and necessary for this patient.