

Case Number:	CM15-0199306		
Date Assigned:	10/14/2015	Date of Injury:	08/03/2009
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female, who sustained an industrial injury on August 3, 2009. She reported anxiety. The injured worker was diagnosed as having anxiety not elsewhere classified versus generalized anxiety disorder and insomnia. Treatment to date has included psychiatric evaluation, medication and psychotherapy. On August 28, 2015, the injured worker complained of anxiety with no real improvement on her regimen. Notes stated that she "does not know what had been tried." She was noted to be currently taking Lunesta and Mirtazapine. Examination revealed a flat, appropriate and depressed affect. Her mood was noted to be depressed, dysphoric and anxious. She was noted to be vague about her symptoms and course of treatment and medications. The treatment plan included a return to care in two months, Mirtazapine, Lunesta and Bupropion SR. On September 4, 2015, utilization review denied a request for Mirtazapine 15mg #30 with two refills, Lunesta 2mg #30 with one refill and Bupropion SR 100mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg #30 with 2 refills: Upheld

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 and Stress - Sedating antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: CA MTUS/Chronic Pain Medical Guidelines, Antidepressants, page 13 reports that Remeron (mirtazapine) is an antidepressant used for major depressive disorder. There is no indication in the medical documentation from 8/28/15 of a major depressive disorder or a psychiatric evaluation demonstrating a need for use of Remeron. As there is lack of medical necessity for the use of Remeron, the determination is for not medically necessary.

Lunesta 2mg #30 with 1 refill: Upheld

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 and Stress - Sedating antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case there is lack of documentation from the exam note of 8/28/15 of insomnia to support Lunesta. Therefore the determination is for not medically necessary.

Bupropion SR 100mg #30 with 1 refill: Upheld

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 and Stress - Sedating antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines state that Bupropion (Wellbutrin) page 16 is a second-generation non-tricyclic antidepressant shown to be effective in relieving neuropathic pain but not for non-neuropathic low back pain. As the exam note of 8/28/15 demonstrates no evidence of neuropathic pain, the determination is for not medically necessary.