

Case Number:	CM15-0039190		
Date Assigned:	03/09/2015	Date of Injury:	11/28/2010
Decision Date:	04/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 57-year-old female, with a reported date of injury of 11/28/2010. The diagnoses include major depression and chronic post-traumatic stress disorder. Treatments to date have included anti-depressant medications. The progress report dated 02/17/2015 indicates that the injured worker has had a moderately good response to her current anti-depressants. The injured worker continued to suffer from significant residual symptoms of major depression. Her activities of daily living were quite limited, and she had become progressively depressed since the injury. She had intermittent panic attacks. The objective findings include a moderately depressed mood, a congruent and sad affect, a denial of suicidal ideation, mildly impaired attention, concentration, and short-term memory, and the severity of her depression was rated 9 out of 10. The treatment plan included outpatient psychiatric visits once a month for six months, referral to a pain specialist, lab test, and a prescription for Wellbutrin. The treating physician requested Mirtazapine 30mg #30, with five refills, which is helpful for anxiety, chronic pain, sleep, headaches, and nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Mirtazapine 30mg #30 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 48-55.

Decision rationale: Mirtazapine is an antidepressant medication. MTUS guidelines do recommend antidepressants for the treatment of depression. It has been established that this patient does have a diagnosis of depression. She has already been tried on this medication, and she did find it helpful for her symptoms. She is under the care of a Psychiatrist. Now, this medication with 5 refills is being requested. Since, this patient has already been tried on this medication, and it appears to be useful in treating her symptoms, and since MTUS guidelines have been satisfied, there does not appear to be any reason to deny this request. This request is considered medically necessary.