

Case Number:	CM15-0173125		
Date Assigned:	09/23/2015	Date of Injury:	08/25/2010
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 44 year old male, who sustained an industrial injury on 8-25-10. The documentation on 8-4-15 noted that the injured worker still feels depressed over his lack of full recovery and that he has been using more norco (up to three per day) due to more pain in his shoulders and back with house chores. The documentation noted on examination the injured worker was observed extremely slow movement, moving in a guarded or protective or protective fashion and limping or distorted gait; he has a global antalgic gait and a wide-based gait. Range of motion of the lumbar spine is restricted with flexion limited to 40 degrees due to pain and is restricted with right lateral bending limited to 15 degrees. On palpation, paravertebral muscles, tenderness and at L5 is noted on both the sides. Spinous process tenderness is noted on L5 and lumbar facet loading is positive on the right side. Straight leg raising test is positive on the right side in sitting at 30 degrees and on the left side in sitting at 40 degrees and tenderness noted bilaterally to palpation of the sacroiliac joint. Left shoulder movements are restricted with resistant to range of motion in all directions. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; sacroiliac sprain and strain; rotator cuff injury and adhesive capsulitis. Treatment to date has included home exercise program as educated with therabands for his shoulder; norco; xanax; lunesta; nortriptyline; diazepam; left shoulder arthroscopy and physical therapy. The original utilization review (8-10-15) non-certified the request for mirtazapine 15mg at bedtime #30 and modified the request for medications management follow-up once a month times 6 to medication management follow-up times one visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirtazapine 15mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker is being treated for Major Depressive Disorder and Insomnia. Per report dated 8/11/2015, it has been documented that he is being prescribed Lunesta, Alprazolam, Valium and Mirtazapine and that the use of Mirtazapine is not effective in treating his insomnia. The request for Mirtazapine 15mg at bedtime #30, in the absence of lack of clinical improvement with continued use is not medically necessary.

Medications management follow-up once a month times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Office visits.

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 & Stress/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring.

As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible" The injured worker is being treated for Major Depressive Disorder and Insomnia. Per report dated 8/11/2015, it has been documented that he is being prescribed Lunesta, Alprazolam, Valium and Mirtazapine. Most of these medications such as Lunesta, Alprazolam and Valium are not indicated for long-term use. The request for Medications management follow-up once a month times 6 is not medically necessary. It is to be noted that the UR physician authorized one medication visit.