

Case Number:	CM15-0175320		
Date Assigned:	09/16/2015	Date of Injury:	03/17/2000
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on 3-17-2000. He reported injuries to the back and neck from heavy lifting. Diagnoses include status post lumbar fusion, chronic lumbar sprain with post-operative radicular complaints, status post left knee arthroscopy, depression and pain disorder associated with psychological factors and general medical condition. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of auditory hallucinations and insomnia with occasional depression. The current medications included Olanzapine, Fluoxetine, and Mirtazapine. On 7/27/15, the physical examination documented a eurythmic mood and appropriate affect. The plan of care included ongoing medication management. The appeal requested authorization of Olanzapine 20mg #180, Fluoxetine HCL 40mg #270, and Mirtazapine 30mg #300. The Utilization Review dated 8-6-15, denied the request for Olanzapine 20mg #180 and modified the request to allow Fluoxetine HCL 40mg #60 and Mirtazapine 30mg #10 indicating medical records did not support that ODG and California MTUS Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Olanzapine 20mg #180: 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 & Stress Disorder, Atypical antipsychotics, Post Traumatic Stress Disorder pharmacotherapy.

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: Olanzapine.

Decision rationale: Olanzapine is not recommended as a first-line treatment. Olanzapine is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. In this case, there is insufficient documentation in the medical record to support the diagnosis of psychosis. Medical necessity has not been established. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Fluoxetine HCL 40mg #270: 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 & Stress Disorder, Fluoxetine (Prozac).

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: Fluoxetine and Other Medical Treatment Guidelines Treatment Guidelines from The Medical Letter, Issue 130, June 1, 2013: Drugs for Psychiatric Disorders.

Decision rationale: Fluoxetine is a selective serotonin and norepinephrine reuptake inhibitors (SNRI). It is recommended as a first-line treatment option for major depressive disorder and posttraumatic stress syndrome. Severe discontinuation symptoms can occur when these drugs are stopped, especially with venlafaxine and desvenlafaxine because of their short half-lives. SNRIs can cause a dose-dependent increase in blood pressure; blood pressure should be under control before starting an SNRI and monitored during treatment. In this case, there is sufficient documentation to support the diagnosis of depression. Fluoxetine is recommended. However, the amount of medication requested is sufficient for 4 months. This will not allow for adequate monitoring of side effects or efficacy. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Mirtazapine 30mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Disorder, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Atypical antidepressants: Pharmacology, administration, and side effects.

Decision rationale: Mirtazapine is classified by some authorities as a noradrenergic and specific serotonergic antidepressant. It is used to treat major depression, generalized anxiety disorder, and tension type headaches. Drug-drug interactions with mirtazapine are generally not a problem because the drug is not a potent or moderate inhibitor of hepatic cytochrome P450 enzymes. Frequent side effects are dry mouth, drowsiness, sedation, increased appetite, and increased weight. Mirtazapine may be useful when insomnia is prominent. In this case, the patient has been taking mirtazapine since 2010. The quantity of medication requested is sufficient for 100 days. This will not allow for adequate monitoring of side effects or efficacy. In addition, the patient is also being treated with fluoxetine, another serotonergic antidepressant. The request should not be authorized. Therefore, the requested treatment is not medically necessary.