

Case Number:	CM15-0075283		
Date Assigned:	04/27/2015	Date of Injury:	11/28/2010
Decision Date:	06/02/2015	UR Denial Date:	04/12/2015
Priority:	Standard	Application Received:	04/20/2015

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 57 year old female who sustained an industrial injury on 11/28/2010. Diagnoses include major depression and post-traumatic stress disorder. Treatment to date has included diagnostic studies, medications, physical therapy, back school educations, a conditioning program and instruction on an active home exercise program, and psychiatric visits. A physician progress note dated 03/30/2015 documents the injured worker continues to suffer from physical and psychiatric symptoms. She has chronic pain in her head, right breast and difficulty ambulating due to pain and weakness in her legs. She has chronic pain in her right shoulder and leg as well as having frequent persistent headaches accompanied with visual changes and nausea. The injured worker has dizziness and has taken several falls. She has become progressively depressed; she has panic attacks, and poor sleep. The treatment plan is for medications, Polysomnography, and outpatient psychiatric visits. Treatment requested is for 1 prescription of Mirtazapine 30mg #30 with 5 refills, 1 prescription of Pristiq 50mg #30 with 1 refill, and 6 Monthly Outpatient Psychiatric visits for the next 6 months.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mirtazapine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder) and Other Medical Treatment Guidelines FDA.gov- REMERON.

Decision rationale: REMERON (mirtazapine) Tablets are indicated for the treatment of major depressive disorder. The injured worker has been diagnosed with Major Depressive Disorder and Post Traumatic Stress Disorder. The use of Remeron in this case is clinically indicated, however the request for a 6 month supply is excessive as it is recommended for medications to be monitored on a more frequent basis for objective functional improvement, side effects etc. Thus, the request for 1 prescription of Mirtazapine 30mg #30 with 5 refill is excessive and not medically necessary.

1 prescription of Pristiq 50mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: 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 has been diagnosed with Major Depressive Disorder and Post Traumatic Stress Disorder. It has been suggested that she has been getting progressively depressed; has panic attacks, and poor sleep. The request for 1 prescription of Pristiq 50mg #30 with 1 refill i.e. 2 month supply of Pristiq is medically necessary for the treatment and stabilization of symptoms.

6 Monthly Outpatient Psychiatric visits for the next 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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 request for 6 Monthly Outpatient Psychiatric visits for the next 6 months is medically necessary as the injured worker has been symptomatic and continues to feel very depressed, tearful and has insomnia. She has been prescribed medications; however the symptoms are still not stabilized. The request is medically necessary and thus will respectfully disagree with UR physician's decision.