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| Case Number: | CM15-0098982 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 08/05/2003 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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 55 year old female, who sustained an industrial injury on 8/5/03. The documentation on 4/14/15 noted that the injured worker has complaints of having dizziness within the past week but was able to sleep better. The documentation noted that the injured worker was able to sleep around six hours per night. The injured worker stated that her mood had been little bit better, and sometime feels hopeless secondary to the shoulder pain and the fact that she has not been able to do things that she used to do before the injury. The documentation noted that the injured workers speech is coherent and relevant with normal rate, rhythm and latency, mood was depressed and affect was constricted. The diagnoses have included phobic disorders. Treatment to date has included cymbalta and remeron. The request was for remeron 7.5mg at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 7.5mg at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: REMERON® (mirtazapine).

Decision rationale: Per FDA.gov: REMERON (mirtazapine) Tablets are indicated for the treatment of major depressive disorder. The injured worker has been diagnosed with phobic disorder and is being treated with medications including cymbalta and remeron. The request for Remeron 7.5mg at bedtime #30 is not medically necessary since the injured worker is already being prescribed one antidepressant i.e. Cymbalta and there is no clinical indication for treatment with two antidepressant medications concurrently. The request is not medically necessary.