

Case Number:	CM15-0101672		
Date Assigned:	06/04/2015	Date of Injury:	10/12/2004
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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

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 52-year-old male who sustained an industrial injury on 10/12/04 involving his back. He currently complains of worsening back pain with shooting pain down both legs, more in the left than the right. His pain level is 9/10. With medication, it is as good as 4/10 and without medication it is 10/10. He uses a cane for ambulation. He is having sleep difficulties and requests a new sleep medication. On physical exam of the back there is limited range of motion; right and left straight leg raises cause left sided back pain; decreased sensation. He can perform basic activities of daily living without pain such as dressing. Medications are Norco, Lyrica, Brintellix, Naprosyn, trazadone, Belsomra. Diagnoses include disc herniation at L5-S1 impinging the left S1 nerve root with neuropathic burning pain in the leg; insomnia due to pain; major depression and reactive depression; neuropathic burning pain in the left leg; migraine headaches. Treatments to date include medications, which keep him functional; psychological sessions; lumbar epidural steroid injections with initial benefit of four days but returned to prior injection level; physical therapy. Diagnostics include MRI (4/26/12) showing moderate degenerative disk disease with a bulge and possible nerve root compression on the left. In the progress note dated 4/16/15 the treating provider's plan of care includes resume medications including Belsomra for insomnia due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10mg #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 (ODG), Mental Illness & Stress, Suvorexant (Belsomra).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/viewarticle/829893>.

Decision rationale: The requested Belsomra 10mg #30, is not medically necessary. CA MTUS and ODG are silent on this issue. <http://www.medscape.com/viewarticle/829893> note that this medication is a selective orexin receptor inhibitor. The injured worker has back pain with secondary insomnia. The treating physician has not documented sleep hygiene modification attempts, failed trials of more guideline-supported sleep aides, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Belsomra 10mg #30 is not medically necessary.