

Case Number:	CM15-0105864		
Date Assigned:	06/10/2015	Date of Injury:	11/28/2000
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on November 28, 2000. The mechanism of injury was a slip and fall from a ladder. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, chronic pain, panic attacks, major depressive disorder, failed back syndrome, spondylolisthesis, myofascial pain and a history of esophageal cancer. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, psychiatric assessments and multiple lumbar spine surgeries. Current documentation dated May 12, 2015 notes that the injured worker reported feelings of depression, loneliness, helplessness and hopelessness with episodes of crying spells. The injured worker was noted to have constant low back pain. Examination revealed the injured worker to be limping, bent over and walking with a cane. The injured worker was noted to be depressed, agitated, anxious, angry and crying. The injured worker was also noted to have difficulty with sleeping. The documentation notes that the injured worker had only slept five hours in the last eight days. The treating physician's plan of care included a request for the medication Belsomra 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10 mg Qty 30, between 5/12/15 and 7/21/15: Upheld

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 - Suvorexant (Belsomra); Insomnia.

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 and stress (Belsomra, insomnia).

Decision rationale: Belsomra is an orexin receptor antagonist for treating insomnia. The ODG does not recommend this medication due to numerous adverse effects. In this case, the patient has numerous medical problems, including chronic insomnia, anxiety and depression. Consideration should be given to a tricyclic antidepressant, such as Amitriptyline, which could address both the insomnia and depression with fewer adverse effects. This medication is not recommended due to its adverse effects and is thus not medically necessary or appropriate.