

Case Number:	CM15-0109348		
Date Assigned:	06/15/2015	Date of Injury:	07/06/1999
Decision Date:	07/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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 61 year old male who sustained an industrial injury on July 6, 1999. He has reported lower back pain radiating down to the knees over the anterior aspect of the extremity and has been diagnosed with lumbar disc syndrome, lumbar radiculopathy, and lumbar stenosis. Treatment has included medications, aqua therapy, physical therapy, acupuncture, and injection. The injured worker was noted to have a weight loss and that he is to have surgery when weight decreases. Upon examination straight leg raising 90 degrees bilateral and equal and dorsal plantar flexion of the feet are equal and strong. Sensation was intact. The treatment request included Belsomra 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 15mg: 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 Chapter: Suvorexant (Belsomra) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration: Belsomra (suvorexant).

Decision rationale: The U.S. Food and Drug Administration approved Belsomra (suvorexant) tablets for use as needed to treat difficulty in falling and staying asleep (insomnia). Belsomra is an orexin receptor antagonist and is the first approved drug of this type. Orexins are chemicals that are involved in regulating the sleep-wake cycle and play a role in keeping people awake. Belsomra alters the signaling (action) of orexin in the brain. Belsomra is a controlled substance (Schedule-IV) because it can be abused or lead to dependence. Per Psychiatrist progress report dated 5/28/2015, the injured worker has been diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder. It has been suggested that past samples have not helped the injured worker with insomnia. However, the documentation does not indicate the nature of sleep problems he has been experiencing or details of past non pharmacological or pharmacological measures tried so far. The request also does not specify the quantity of the medication being requested. Thus, the request for Belsomra 15mg is excessive and not medically necessary.