

Case Number:	CM15-0131608		
Date Assigned:	07/17/2015	Date of Injury:	01/28/2012
Decision Date:	08/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California
 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(n) 59 year old female, who sustained an industrial injury on 1/28/12. She reported injury to her lower back, left hip, left knee, right elbow, neck and psyche related to being assaulted by a patient. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar facet joint arthropathy, chronic pain and insomnia. Treatment to date has included psychological testing, a lumbar MRI, Norco, Effexor, Belsomra and Ambien. On 2/11/14, the treating physician noted that the injured worker's Epworth questionnaire score was 4, which is within normal range. As of the PR2 dated 5/28/15, the injured worker reports chronic low back pain. She rates her pain a 7/10 without medications and a 3-4/10 with medications. The treating physician noted mild depression, a negative straight leg raise test and normal flexion. The treating physician requested to continue Belsomra 5mg #10 and Zolpidem 5mg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 5mg, QTY: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and insomnia - pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was given Belsomra along with Zolpidem. The details of the sleep disorder or response to behavioral intervention was not provided. In addition, there was no justification for the use of 2 insomnia medications. As a result, the request for Belsomra is not medically necessary.

Zolpidem Tartrate 5mg , QTY: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and insomnia - pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant given Belsomra along with Zolpidem. The details of the sleep disorder or response to behavioral intervention was not provided. In addition, there was no justification for the use of 2 insomnia medications. As a result, the request for Zolpidem is not medically necessary.