MAXIMUS Federal Services

Case Number:	CM15-0136722		
Date Assigned:	07/24/2015	Date of Injury:	12/26/2009
Decision Date:	09/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina, Georgia
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 33 year old female who sustained an industrial injury on 12/26/2009. According to a progress report dated 06/05/2015, history of present illness included back pain and bilateral leg pain. On average pain was rated 5 on a scale of 1-10 with medications and at its worse was 10 without medications. She reported that she had been doing fine with her back pain. The majority of her pain was on the left side of the sacrum to the coccyx tip. She was back to work. Current medications included Dilaudid, Lyrica, Oxycodone, OxyContin, Restoril, Valium, Cymbalta and Percocet. Diagnoses included chronic lower back pain status post laminectomy and partial diskectomy, lumbar radiculopathy, coccygodynia, right groin pain due to unknown etiology, depression, insomnia and tachycardia (history of supraventricular tachycardia). The treatment plan included random urine toxicology. Prescriptions were given for Lyrica, Oxycodone, OxyContin, Valium and Belsomra 20 mg #30 with 2 refills. She was to return to the clinic in 4 weeks.On 06/25/2015, the injured worker's main complaint was that she was not getting more than 3 hours of interrupted light sleep at a time. She worked night shift two days weekly. Current medications included Lyrica, Oxycodone, OxyContin, Valium, Belsomra, Cymbalta and Percocet. Prescriptions were given for Lyrica, Oxycodone, OxyContin, Valium and Belsomra 20 mg #30 with 2 refills. She was to return to the clinic in 4 weeks. Currently under review is the request for Belsomra 20 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 20 mg #30 with 2 refills: 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), Pain Chapter, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia treatments.

Decision rationale: The CA MTUS is silent on the use of Belsomra. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep: sleep onset, sleep maintenance, sleep quality and next day function. In this case, the medical records indicate a history of insomnia sufficient enough to prompt a recommendation for assessment by a sleep specialist but no such comprehensive evaluation is contained in the records. There is documentation of some relaxation exercises to help sleep but no comprehensive assessment of sleep hygiene or even assessment of which components) of sleep are affected. There is no specific documentation of any response to Belsomra. Therefore, the request is not medically necessary, as there is no documentation of the medical necessity of treatment with Belsomra. The UR denial is upheld.