

<b>Case Number:</b>	CM15-0143056		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 50 year old male, with a reported date of injury of 01-31-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include degenerative cervical intervertebral disc disease, ankle and foot joint pain, lumbar postlaminectomy syndrome, degenerative lumbar-lumbosacral intervertebral disc disease, neck pain, and low back pain. Treatments and evaluation to date have included oral medications, radiofrequency ablation of the cervical medial branches on 02-25-2015, and topical pain medications. According to the medical reports, the diagnostic studies to date have included multiple urine drug screenings, with consistent findings; an MRI of the thoracic spine which showed no evidence of disc bulge or lateral spinal stenosis, interbody fusion at T11 to L2, and pedicle screws; an MRI of the lumbar spine in 08-2006 which showed post-traumatic changes or focal myelomalacia, fusion, and facet of L1 dislocation; an MRI of the right shoulder in 07-2006 which showed tendinitis versus partial tear of the supraspinatus tendon; and an MRI of the cervical spine in 12-2008. The re-evaluation, follow-up report dated 04-22-2015 indicates that the injured worker complained of poor sleep during the last visit on 02-26-2015. He was averaging about 3 to 4 hours of sleep. The injured worker mentioned that Ambien was not helping him fall asleep when he was supposed to. The injured worker complained of bilateral low back pain. His neck pain was tolerable. His average pain level since the last visit was rated 6 out of 10, and his functional level since the last visit was rated 5 out of 10. The injured worker complained of some poor sleep quality due to pain. The physical examination showed decreased

neck pain, right-sided low back pain, decreased cervical spondylosis. The current assessment included poor sleep hygiene. The treatment plan included a trial of Belsomra 20mg at bedtime as needed. It was noted that the injured worker was on disability. The treating physician requested Belsomra 20mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Belsomra tab 20mg #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), pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Pain (Chronic)", "Insomnia Treatment" "Mental/Stress" "Suvorexant (Belsomra)".

**Decision rationale:** There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Patient was switched from Ambien to Belsomra because it "worked better". Belsomra is not recommended except as a 2nd line medication due to side effects. The lack of any objective improvement, documentation of conservative therapy and chronic sedative use is no safe or indicated. Belsomra is not medically necessary.