

Case Number:	CM15-0147106		
Date Assigned:	08/10/2015	Date of Injury:	06/01/2000
Decision Date:	09/29/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 1, 2000. In a Utilization Review report dated July 24, 2015, the claims administrator partially approved a request for Restoril while failing to approve a request for Belsomra. The claims administrator referenced a July 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 10, 2015, Norco, Restoril, and Belsomra were endorsed. In an associated progress note of the same date, July 10, 2015, it was acknowledged that the applicant was still working. 7/10 pain without medications versus 3/10 pain with medications was reported. The applicant had received recent epidural steroid injection in April 2015, it was reported. The applicant was using Norco at a rate of thrice daily, it was reported. The applicant denied any issues with depression or anxiety in the psychiatric review of systems section of the note, it was acknowledged. Somewhat incongruously, the attending provider then reported in the activities of daily living section of the note that the applicant's pain complaints were interfering with the applicant's sleeping patterns, mood, work, concentration, and overall functioning. Restoril was endorsed seemingly for pain complaints. Norco was renewed. Belsomra was endorsed for nightly use. It was not, however, explicitly stated for what purpose Belsomra was being employed. On June 5, 2015, the applicant received prescriptions for Norco, Restoril, and Neurontin. The applicant was given a primary operating diagnosis of lumbar radiculopathy. It was not stated whether Restoril was being employed for sedative effect or for pain purposes on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 MG #11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: No, the request for Restoril, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Restoril are not recommended for chronic or long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, a progress note of July 10, 2015 did suggest that Restoril was being employed for chronic pain and/or muscle relaxant effect. Continued usage of the same, however, represented treatment in excess of the four-week limit set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines for benzodiazepine usage. Therefore, the request was not medically necessary.

Belsomra 20 MG #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Suvorexant (Belsomra).

Decision rationale: Similarly, the request for Belsomra, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. The request appeared to represent a first-time request for Belsomra, it was suggested (but not clearly stated) on July 10, 2015. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as "other medications." Here, however, the attending provider's July 10, 2015 progress note did not furnish much supporting rationale for Belsomra usage in conjunction with concomitant use of so many other potentially sedating medications, including Norco, Restoril, Neurontin, etc. ODG's Mental Illness and Stress Chapter Suvorexant topic also notes that Belsomra is not recommended as a first-line treatment due to the potential of developing adverse effects. Here, the attending provider's July 10, 2015 progress note, as noted above, was thinly and sparsely developed and did not furnish a clear or compelling rationale for introduction of Belsomra. It was not clearly established what first-line sedative agents had been attempted and/or failed before Belsomra was introduced. Therefore, the request was not medically necessary.