

Case Number:	CM15-0148129		
Date Assigned:	08/11/2015	Date of Injury:	07/29/1998
Decision Date:	09/15/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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, Michigan

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 injured worker is a 72 year old female, who sustained an industrial injury on 07-29-1998. The injured worker is currently disabled. Current diagnoses include history of lumbar laminectomy at L5-S1 level in the past with worsening radicular symptoms, persistent neuropathic pain to right lower extremity, dyspepsia from medications, and insomnia due to pain. Treatment and diagnostics to date has included prior lumbar spine surgery, thoracic spine MRI, lumbar spine MRI, and use of medications. Thoracic spine MRI dated 06-29-2015 which showed multilevel degenerative disc disease of the thoracic spine with moderate central spinal canal stenosis at T3-4 and T11-12 with multilevel variable foraminal stenosis. Lumbar spine MRI dated 04-15-2015 showed progressive severe facet arthropathy between L3-4, L4-5, and L5-S1, combination of disc extrusions and dorsal hypertrophic spurring causes lower thoracic spinal cord compression, and moderate to severe biforaminal stenosis at L5-S1 and bilateral L5 exiting nerve root impingement. In a progress note dated 06-15-2015, the injured worker reported severe back pain shooting down her right leg with burning sensation with current pain level rated 8 out of 10 on the pain scale. She states her pain at best a 4 out of 10 with medications and 10 out of 10 without medications. Objective findings included limited range of motion to back with palpable muscle spasms. The treating physician reported requesting authorization for Belsomra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10mg #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Suvorexant (Belsomra), Insomnia treatment.

Decision rationale: Regarding the request for Belsomra, California MTUS Guidelines are silent. Official Disability Guidelines (ODG) does not recommend Suvorexant (Belsomra) "as a first-line treatment due to adverse effects. FDA approved a first in-class insomnia drug Suvorexant (Belsomra, Merck) after the manufacturer lowered the dosages to satisfy the agency's safety concerns". Official Disability Guidelines also recommends that treatment of insomnia should be based on etiology and "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. The specific component of insomnia should be addressed: (a) sleep onset; (b) sleep maintenance; (c) sleep quality; & (d) next-day functioning". After review of medical records, the injured worker has been prescribed Ambien since at least 10-14-2014 through 05-18-2015. Belsomra is prescribed on 06-15-2015 with no indication as to why the injured worker is being switched from Ambien to Belsomra. There is no discussion regarding how frequently the insomnia complaints occur, how long the insomnia has been occurring, or how the injured worker has responded to Ambien or Belsomra treatment. Therefore, based on the Guidelines and the submitted records, the request for Belsomra is not medically necessary.