

Case Number:	CM15-0188453		
Date Assigned:	09/30/2015	Date of Injury:	10/29/2009
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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, Florida, 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:

This is a 50 year old female who sustained a work-related injury on 10-29-09. Medical record documentation on 8-6-15 revealed the injured worker was being treated for reflex sympathetic dystrophy of the lower limb, myalgia and myositis, pain in the ankle and foot joint and spasm of muscle. She reported no significant changes in pain since her 6-11-15 evaluation. She reported increased pain in her back, knees and the inner part of her left ankle. She reported more frequent cramps in her lower back and legs. Her medications were working fair and her quality of sleep was poor. Her average pain since her last evaluation was 8 on a 10-point scale and her functional level was 9 on a 10-point scale. Current medications included Belsomra 15 mg (since at least 4-20-15), Celebrex 200 mg, Cyclobenzaprine 10 mg, Cymbalta 60 mg, Dilaudid 4 mg, gabapentin 600 mg, Lidoderm 5% patch, Lunesta 2 mg, Nucynta ER 150 mg, omeprazole 40 mg, Tylenol, and Zanaflex 4 mg. Medications tried and failed included Nucynta IR, Lyrica, Abstral, Lidoderm patch, TN2, Naproxen, Fentora, Zofran, and Methadone. A request for Belsoma 15 mg #30 and Baclofen 10 mg #60 was received on 8-17-15. On 8-24-15 the Utilization Review physician determined Belsoma 15 mg #30 and baclofen 10 mg #60 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 15mg QHS #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), Treatment Index, Mental Illness & Stress, Suvorexant (Belsomra).

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

Decision rationale: The patient has been on the medicine since April. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. (Lexi-Comp, 2008) 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. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short-term usage. The request is not medically necessary and appropriately non-certified.

Baclofen 10mg 1-2 Tabs BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009).Page 63 of 127. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was not medically necessary and appropriately non-certified under MTUS criteria.

