

Case Number:	CM15-0189300		
Date Assigned:	10/01/2015	Date of Injury:	01/11/1996
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 1-11-1996. The injured worker was being treated for low back pain chronic pain syndrome. On 8-21-2015, the injured worker reported worsened back pain related to all of the lying on her back due to her breast surgery, numbness in her hands and arms, depression, anxiety, and insomnia. Her current hypnotic medication is Ambien CR. The treating physician (8-21-2015 report) does not include documentation of the etiology of the injured worker's insomnia. There is no documentation of difficulty falling asleep, difficulty staying asleep, or early waking. Per the treating physician (8-21-2015 report), the injured worker is retired. The requested treatments included 30 Belsomra 20 mg. On 9-21-2015, the original utilization review non-certified a request for 30 Belsomra 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Belsomra 20 mg: Upheld

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

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 and stress section, Belsomra.

Decision rationale: Pursuant to the Official Disability Guidelines, #30 Belsomra 20 mg tablets is not medically necessary. Suvorexant is not recommended as a first-line treatment due to adverse effects. Originally, the FDA declined to approve suvorexant until the starting dose for most patients with 10 mg. See guidelines for additional details. In this case, the injured worker's relevant working diagnoses are depression; low back pain and chronic pain; narcotic induced constipation; recent bilateral mastectomy for breast cancer. Date of injury is January 11, 1996. Request authorization is August 8, 2015. The medical record contains 10 pages. There is a single progress note dated August 17, 2015. According to the August 17, 2015 progress note, injured worker has subjective complaints of insomnia. The injured worker is reportedly allergic to Lunesta. The injured worker is taking Ambien. The treating provider reportedly gave samples of Belsomra to the injured worker. It is unclear whether Ambien was working. There is no documentation demonstrating objective functional improvement or failure of Ambien in the medical record. Belsomra is not recommended as first-line treatment due to adverse effects. The injured worker is 71 years old. The medical record contains 10 pages and there is missing history regarding the failure of previous first-line insomnia medications. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line insomnia medications (Ambien), guideline non-recommendations due to adverse effects and a 10 page medical record in a 19-year-old injury, #30 Belsomra 20 mg tablets is not medically necessary.