

<b>Case Number:</b>	CM15-0193091		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/17/1975
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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-work injury on 3-17-75. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar discogenic pain, lumbar radiculopathy, lumbar stenosis, lumbar degenerative disc disease and insomnia. Treatment to date has included pain medication, Norco since at least 10-17-14, lumbar epidural steroid injection (ESI), physical therapy, rest, activity modifications and other modalities. Medical records dated 8-14-15 indicate that the injured worker complains of continued sleep difficulties. The physician indicates that she stopped taking Doxepin due to side effects of illusions. She also had side effects on Flexeril. The pain ranges from 3-6 out of 10 on the pain scale depending on activity and weather. The physician indicates that she was to re-try Desyrel but she later called the office and reported that Desyrel was ineffective. The physician recommended the new hypnotic Belsomra and to continue with current medications. The current medications included Lorazepam, Zoloft and Norco. The treating physician indicates that there is no evidence of aberrant behavior. The request for authorization date was 8-14-15 and requested services included Trial of Belsomra starting at 5mg with probable increase to 10mg, medication monitoring every 2-3 months and Norco 10mg 3 times a day. The original Utilization review dated 9-17-15 non-certified the request for Trial of Belsomra starting at 5mg with probable increase to 10mg. The request for and Norco 10mg 3 times a day was modified to Norco 10mg 3 times a day #90 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Belsomra starting at 5mg with probable increase to 10mg, medication monitoring every 2-3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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-Suvorexant (Belsomra) and Pain-Insomnia Treatment.

**Decision rationale:** Trial of Belsomra starting at 5mg with probable increase to 10mg, medication monitoring every 2-3 months is not medically necessary per the ODG. The MTUS does not address this request or insomnia treatment. The ODG states that Belsomra is not recommended as a first-line treatment due to adverse effects. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The ODG states that a failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The documentation is not clear on a thorough sleep evaluation prior to beginning this medication, which is not recommended as first line. Additionally, the request does not indicate a quantity and if there is no evidence of efficacy medication monitoring every 2-3 months would not be indicated. For these reasons, a trial of Belsomra is not medically necessary.

**Norco 10mg TID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, Opioids, criteria for use.

**Decision rationale:** Norco 10mg TID is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant functional improvement; therefore, the request for Norco is not medically necessary.