

Case Number:	CM15-0194388		
Date Assigned:	10/08/2015	Date of Injury:	06/01/2011
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male, who sustained an industrial injury on 6-1-11. The injured worker is being treated for neuropathy, mononeuritis, limb pain and cervicalgia. Treatment to date has included lumbar blocks, cervical blocks, Butrans patch, Nucynta, Gralise, Lyrica, Buprenorphine and Belsomra 20mg (unclear as to how long he has utilized); and activity modifications. On 9-22-15, the injured worker the Belsomra is working and he is sleeping better. Work status is unclear. Physical exam performed on 9-22-15 revealed moderate muscular tenderness of cervical extensors, allodynia with shoulder range of motion, tight neck muscles, tenderness of trapezii, sub occiput tenderness and trunk hip girdles are tender. On 9-22-15 request for authorization was submitted for (MRI) magnetic resonance imaging of cervical spine, Butrans 20mcg #4, Nucynta #250, Gralise 700mg #90, Lyrica 150mg #90, Buprenorphine 8mg #120 and Belsomra 20mg #30. On 9-29-15 request for (MRI) magnetic resonance imaging of cervical spine and Belsomra 20mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Belsomra prescribing information.

Decision rationale: The U.S. Food and Drug Administration today approved Belsomra (suvorexant) tablets for use as needed to treat difficulty in falling and staying asleep (insomnia). The claimant sustained a work injury in June 2011 with a traction injury to the left shoulder. He is being treated for chronic pain including a diagnosis of four limb CRPS. Treatments have included cervical and lumbar sympathetic blocks and medications. When seen, he had run out of buprenorphine. Physical examination findings included a body mass index over 30. There was moderate cervical tenderness. He had allodynia with shoulder range of motion. There was cervical muscle tightness and trapezius muscle tenderness. There was pain with cervical spine range of motion. All fibromyalgia tender points were positive. There was normal strength. Reflexes were brisk. There were paresthesias. Authorization was requested for a cervical spine MRI and ongoing prescribing of Belsomra. Belsomra (suvorexant) is an orexin receptor antagonist used for the treatment of insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Belsomra is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The U.S. Food and Drug Administration today approved Belsomra (suvorexant) tablets for use as needed to treat difficulty in falling and staying asleep (insomnia). The claimant sustained a work injury in June 2011 with a traction injury to the left shoulder. He is being treated for chronic pain including a diagnosis of four limb CRPS. Treatments have included cervical and lumbar sympathetic blocks and medications. When seen, he had run out of buprenorphine. Physical examination findings included a body mass index over 30. There was moderate cervical tenderness. He had allodynia with shoulder range of motion. There was cervical muscle tightness and trapezius muscle tenderness. There was pain with

cervical spine range of motion. All fibromyalgia tender points were positive. There was normal strength. Reflexes were brisk. There were paresthesias. Authorization was requested for a cervical spine MRI and ongoing prescribing of Belsomra. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.