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| Case Number: | CM15-0196222 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 01/18/2006 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 18, 2006. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Belsomra. The claims administrator referenced an RFA form received on August 19, 2015 in its determination. On June 24, 2015, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was not working. Lower extremity paresthesias were reported. The applicant was on Nexium and Oxycodone, it was stated in one section of the note. In another section of the note, the applicant was asked to continue Lexapro, Seroquel, Lunesta, and Zantac while seemingly remaining off of work. On August 24, 2015, the applicant received a percutaneous electrical neurostimulator implantation. On a letter dated September 17, 2015, the attending provider appealed previously denied psychotropic medications but did not seemingly incorporate a discussion of Belsomra. On a prescription form dated August 14, 2015, Klonopin and AndroGel were endorsed. The remainder of the file was surveyed. Multiple progress notes provided made no explicit mention of the need for Belsomra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 20mg #30 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Food and Drug Administration BELSOMRA is an orexin receptor antagonist indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

Decision rationale: No, the request for Belsomra was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, multiple progress notes, referenced above, made no explicit mention of the need of the need for Belsomra usage. While the Food and Drug Administration (FDA) notes that Belsomra is indicated in the treatment of insomnia characterized by difficulty with sleep onset and/or sleep maintenance. Here, however, the applicant's symptoms were not clearly attributed to difficulties with sleep onset and/or sleep maintenance. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not seemingly reconcile the decision to prescribe Belsomra with the fact that the applicant was apparently using a variety of other sedating agents, including Klonopin and Ambien, as was suggested on an appeal letter dated September 17, 2015. It was not clearly stated precisely why the applicant needed to use a third sedative agent here. Therefore, the request was not medically necessary.