

Case Number:	CM15-0200638		
Date Assigned:	10/15/2015	Date of Injury:	03/26/2001
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 56 year old male, who sustained an industrial injury on 03/26/2001 involving injury to the neck and low back. The diagnoses have included chronic neck and low back pain, status post fusion with radiculopathy, chronic bilateral shoulder pain, status post arthroscopies; and major depression recurrent. Treatment to date has included medications, diagnostics, bracing, pool therapy, psychotherapy, and surgical intervention. Medications have included Norco, Oxycontin, Neurontin, Protonix, Cymbalta, amitriptyline, alprazolam, Belsomra, and Lunesta. A progress of 09/30/2015 showed multiple somatic complaints. Norco and Oxycontin brought his pain level to 7-8/10, Neurontin decreased neuropathic pain, and he was using Voltaren gel. He was unable to tolerate NSAIDS. He had gone to the ER to rule out a deep vein thrombosis due to leg swelling. He is now getting some of his medications that have been prescribed the past year. He wore a foam neck collar. He used a cane and was trying to get a walker. Gait was slow and antalgic. Affect was constricted and depressed, mood was depressed and anxious. Treatment plan included the request for Belsomra 10mg #30 with 2 refills; Alprazolam 0.25mg #30 with 2 refills; and Lunesta 2mg #60 with 2 refills. The original utilization review, dated 10-06-2015, non-certified the request for Belsomra 10mg #30 with 2 refills; Alprazolam 0.25mg #30 with 2 refills; and Lunesta 2mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10mg #30 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Suvorexant (Belsomra); <http://www.pdr.net/full-prescribing-information/belsomra?druglabelid=3605>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Pharmacol Pharmacother. 2015 Apr-Jun; 6(2): 118-21. Suvorexant: The first orexin receptor antagonist to treat insomnia, Dubey AK et al www.fda.gov.

Decision rationale: Belsomra (suvorexant) is an orexin receptor antagonist with low abuse potential. It is a Schedule IV controlled substance FDA approved in 08/2014. The orexin system in the brain regulates the sleep-wake cycle. Suvorexant binds reversibly with orexin receptors, thus inhibiting activation of the arousal systems and facilitating sleep induction and maintenance. The most common adverse effect is somnolence at doses of less than 20mg. Studies have shown that there is no residual effect the following day after a 10mg dose. Patients should be cautioned against next day driving. The unique mechanism of action with minimal side effects and potential for dependence makes it a good potential alternative for those with chronic sleep disturbance. However, no evidence has been provided regarding efficacy in this patient. This request is therefore not medically necessary.

Alprazolam 0.25mg #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use because of the risk of dependence and abuse. MTUS and ODG guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The patient has been prescribed Xanax since at least 02/2015 per records provided, clearly exceeding guidelines. No efficacy has been documented and no rationale has been provided for continuing use. This request is not medically necessary.

Lunesta 2mg #60 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness Stress, Insomnia Treatment.

Decision rationale: Lunesta is a non-benzodiazepine sedative-hypnotics. These are considered first-line medications for insomnia, and has been approved for use longer than 35 days. However no efficacy has been documented and no rationale has been provided for continuing use. This request is not medically necessary.