

Case Number:	CM15-0216083		
Date Assigned:	11/05/2015	Date of Injury:	02/23/2009
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 47 year old female, who sustained an industrial injury on 2-23-2009. The medical records indicate that the injured worker is undergoing treatment for spasm of muscle, pain in shoulder joint, osteoarthritis of the shoulder, lumbago, degeneration of the cervical intervertebral disc, and cervical spondylosis without myelopathy. According to the progress report dated 8-6-2015, the injured worker presents with complaints of chronic neck, left shoulder, and low back pain. On a subjective pain scale, she rates her average pain 5-6 out of 10. In addition, she notes that her sleep quality is poor due to pain, and is requesting treatment for sleep. The physical examination of the cervical spine reveals tenderness, spasm, and crepitus on range of motion. The current medications are Dexilant, topical compound cream, Norco, Fentanyl patch, and Linzess. Previous diagnostic studies include CT scan of the cervical and lumbar spine. Treatments to date include medication management, physical therapy, chiropractic, acupuncture, and epidural injections. Work status is described as temporarily totally disabled. The treatment plan included Belsomra trial. The original utilization review (10-28-2015) had non-certified a request for Belsomra 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com Sleep Aids.

Decision rationale: ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Belsomra. Guidelines state the following: recommends Belsomra for short-term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. According to the clinical documentation provided and current guidelines; Belsomra is not indicated as a medical necessity to the patient at this time.