

Case Number:	CM15-0222418		
Date Assigned:	11/18/2015	Date of Injury:	03/21/2002
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 3-21-2002. The injured worker was being treated for low back pain without radiculopathy, discogenic pain, myofascial pain-paralumbar spasm, Addison's disease (stable), hypothyroidism, poor sleep hygiene, rule out facet based pain, reflex sympathetic dystrophy-chronic regional pain syndrome 1 bilateral upper extremities (right greater than left, status post radial nerve release bilaterally), opioid intolerance due to side effects, and lumbago with sciatica, bilateral. Treatment to date has included diagnostics and medications. On 10-12-2015, the injured worker complains of lower back pain, leg pain, and reflex sympathetic dystrophy of the upper extremities, right greater than left. She reported Hydroxyzine and Zanaflex were "denied by [REDACTED] again", "tried Lyrica for 3 days and didn't notice a difference at all", took an extra Percocet "which helped and was able to sleep well", "horrible" sleep quality due to pain, and rotting teeth due to medications. Average pain was rated 6 out of 10 and functional level was rated 5 out of 10. Employment status was "working". Medications included Hydroxyzine, Lidoderm, Neurontin, Percocet, Phentermine, and Zanaflex. Physical exam noted decreased range of motion due to spondylolisthesis of lumbar spine, paraspinal muscle tenderness, and "upper extremity RSD symptoms are stable". Failed medications included Ambien, Sonata, Cymbalta, Lyrica, Nucynta, Vicodin, Methadone, Dilaudid, Fentanyl, Ultracet, Norco, Subsys, Requip, Opana, Phentermine, and Butrans. The treatment plan included "trial" Belsomra 15mg qhs and "continue" Lunesta 3mg qhs. On 10-29-2015 Utilization Review non-certified a request for Belsomra 15mg qhs, sample for date of service 10-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 15 MG QHS Sample DOS 10/12/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACPA Chronic Pain Medications Supplement 2008.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Suvorexant: Drug information. Topic 96688, Version 25.0. UpToDate. Accessed 12/24/2015. Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 12/06/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 46.0. UpToDate. Accessed 12/06/2015.

Decision rationale: Belsomra (suvorexant) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. There was no documented sleep assessment containing the majority of the elements recommended by the literature. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Belsomra (suvorexant) 15mg nightly is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker, if one is needed.