

Case Number:	CM15-0043832		
Date Assigned:	03/13/2015	Date of Injury:	10/27/1999
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 10/27/1999. The current diagnoses are right L5 radiculopathy, status post multiple level lumbar fusion, depression, gastritis reactive to his pain/stress, falling due to radiculopathy with the right side, sleep impairment, T5 compression fracture, thoracic disc disease, and headaches. According to the progress report dated 2/17/2015, the injured worker complains of low back, right leg, and neck pain. The pain in his low back is rated 5-8/10 on a subjective pain scale. The right leg is 4/10 and his neck is 4-5/10. Additionally, he reports constant headaches and sleeplessness related to pain. The current medications are Naproxen. Treatment to date has included medication management, spinal cord stimulator, and surgery. The plan of care includes Belsomra 20mg #10 and 24 sessions of aquatics program with physical therapy supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Belsomra 20mg #10: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Suvorexant (Belsomra).

Decision rationale: The patient presents with headaches, low back pain, rated 7-8/10, and pain in the right leg, rated 4/10. The request is for RETROSPECTIVE BELSOMRA 20 MG # 10. Patient's treatments have included injections and a spinal cord stimulator. Per 01/13/15 progress report, patient's diagnosis include right L5 radiculopathy, s/p multiple level fusion-lumbar, depression, gastritis reactive to his pain/stress, falling episodes due to radiculopathy with right side, left wrist pain and right lateral epicondylitis secondary to falling episodes, recurrent, headaches associated with photophobia, left hemicranial, noise sensitive - migrainoid features - mixed headache syndrome, sympathetically mediated pain, sleep impairment, T5 compression fracture, ML thoracic disc disease, and therapeutic opioid use. Patient's medications, per 02/17/15 progress report include Naproxen, Tizanidine, Midrin and Trazodone. Patient is permanent and stationary. ODG Guidelines, Mental & Stress Chapter, Suvorexant (Belsomra): Not recommended as a first-line treatment due to adverse effects. FDA approved a first-in-class insomnia drug suvorexant (Belsomra, Merck) after the manufacturer lowered the dosages to satisfy the agency's safety concerns. Originally, the FDA had declined to approve suvorexant until the starting dose for most patients was 10 mg. The agency also said that proposed upper-limit doses of 30 mg for elderly patients and 40 mg for nonelderly patients were unsafe. Suvorexant, an orexin receptor antagonist, is the first drug of its kind to be approved for patients with insomnia. It alters the signaling of orexins, neurotransmitters responsible for regulating the sleep-wake cycle. Drowsiness was the most commonly reported adverse event for clinical trial participants taking suvorexant, which is classified as a Schedule IV controlled substance. In next-day driving tests, both male and female participants who took the 20-mg dose proved to be impaired drivers. The FDA advises physicians to caution patients against next-day driving or other activities requiring full alertness. (FDA, 2014) The treater does not discuss this medication. In progress report dated 02/17/15, under Treatment Plan, it is stated, "Given Belsomra 20 mg coupon for sleep to be taken 1/2-1 for insomnia." ODG Guidelines do not recommend Belsomra as a first-line treatment, due to adverse effects. Patient's diagnosis includes sleep impairment. In review of the medical records provided, there was no documentation that the patient has failed first-line treatment for his condition. The request does not meet the guideline criteria for Belsomra and therefore, it IS NOT medically necessary.

Retrospective 24 sessions of aquatics program with physical therapy supervision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with headaches, low back pain, rated 7-8/10, and pain in the right leg, rated 4/10. The request is for RETROSPECTIVE 24 SESSIONS OF AQUATICS PROGRAM WITH PHYSICAL THERAPY SUPERVISION. Patient's treatments

have included injections and a spinal cord stimulator. Per 01/13/15 progress report, patient's diagnosis include right L5 radiculopathy, s/p multiple level fusion-lumbar, depression, gastritis reactive to his pain/stress, falling episodes due to radiculopathy with right side, left wrist pain and right lateral epicondylitis secondary to falling episodes, recurrent, headaches associated with photophobia, left hemicranial, noise sensitive - migrainoid features - mixed headache syndrome, sympathetically mediated pain, sleep impairment, T5 compression fracture, ML thoracic disc disease, and therapeutic opioid use. Patient's medications, per 02/17/15 progress report include Naproxen, Tizanidine, Midrin and Trazodone. Patient is permanent and stationary. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The requested 24 sessions of aquatic therapy has been modified to 8 sessions, per UR letter dated 02/26/15. In this case, the patient suffers from headaches, low back pain, and pain in the right leg. In review of the medical records provided, there were no records of prior aqua therapy treatments. However, the progress reports do not discuss any issues with weight-bearing exercises. There is no documentation of obesity, either. Furthermore, the 24 requested sessions exceed what is allowed by MTUS. Therefore, the request for aqua therapy IS NOT medically necessary.