

Case Number:	CM15-0085192		
Date Assigned:	05/07/2015	Date of Injury:	06/29/2000
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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: Family Practice

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 71 year old female, who sustained an industrial injury on 6/29/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include low back pain with left leg symptoms, lumbar disc herniation, bilateral shoulder pain, status post bilateral shoulder decompressions, left knee pain with degenerative joint disease, bilateral chronic medial and lateral epicondylitis, and bilateral wrist tendinitis. Treatments to date include medication therapy, epidural injections, and cortisone joint injections. Currently, she complained of increased left shoulder pain and worsening left leg symptoms. The pain was rated 9/10 VAS that day, at best rated 4/10 VAS and without medications rated pain 10/10 VAS. She reported not being able to sleep on the left shoulder due to pain. She was requesting a shoulder joint injection on that date. On 3/23/15 the physical examination documented bilateral shoulder tenderness, positive impingement signs, crepitus and decreased range of motion. A steroid injection to the left shoulder was administered. The plan of care included Belsomra 10 mg one tablet before bed for insomnia, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belsomra 10 mg #30: Overturned

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, insomnia www.rxlist.com/belsomra-drug/clinical-pharmacology.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia treatment.

Decision rationale: It is recommended that treatment for insomnia be based on the etiology. In this case, it is stated in the medical record that the insomnia is due to pain resulting in the worker having difficulty initiating sleep. There is no indication of any additional evaluation of sleep disturbance or non-pharmacologic measures to improve sleep. She had been on Ambien previously and it is not clear why the prescription was changed to Belsomra. Belsomra is not specifically mentioned in the MTUS or the ODG. Belsomra inhibits the action of orexin which is a central promoter of wakefulness. Secondary insomnia may be treated with pharmacological and/or psychological measures. A 1 month trial of Belsomra is reasonable to evaluate if this will be of significant benefit in sleep restoration which may further reduce pain. The requested treatment is medically necessary.