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| Case Number: | CM15-0062540 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 10/27/1999 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old male sustained an industrial injury to the back on 10/27/99. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, spinal cord stimulator, epidural steroid injections, trigger point injections, and medications. In a PR-2 dated 3/17/15, the injured worker complained of ongoing low back pain 5-8/10 on the visual analog scale, 4-5/10 neck pain and right leg pain 4/10. The injured worker reported sleeping only four hours at night due to pain. The injured worker also complained of headaches. Physical exam was remarkable for cervical spine with restricted range of motion, right foot grayish but not swollen. Current diagnoses included right lumbar spine radiculopathy, status post lumbar fusion, depression, gastritis, falling episodes, left wrist pain, right lateral epicondylitis, headaches, sympathetically mediated pain, sleep impairment, T5 compression fracture, thoracic spine degenerative disc disease disc disease, therapeutic opioid use and lumbar facet syndrome. The injured worker received an injection during the office visit with 55% reduction in pain. The treatment plan included aquatic therapy, medications (Tizanidine, Trazadone, Midrin and Belsomra).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of 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), 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 (ODG) Chronic Pain, Sleep Medication, Insomnia treatment and Mental Illness and Stress Chapter, Suvorexant (Belsomra).

Decision rationale: Regarding the request for Belsomra, California MTUS guidelines are silent regarding the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. They note that Belsomra is specifically not recommended as a first-line treatment due to adverse effects. Within the documentation available for review, there is no current description of the patients' insomnia, no discussion regarding what behavioral treatments have been attempted, and no specifics indicating how the patient responded to the samples provided other than a mention that they worked well. Furthermore, there is no clear rationale for use of this medication instead of first-line treatments at this time. In the absence of such documentation, the currently requested Belsomra is not medically necessary.