

Case Number:	CM15-0074775		
Date Assigned:	04/27/2015	Date of Injury:	04/24/2007
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 53 year old male, who sustained an industrial injury on April 24, 2007. He has reported shoulder pain and knee pain. Diagnoses have included shoulder pain, shoulder replacement, carpal tunnel syndrome, and osteoarthritis of the bilateral knees. Treatment to date has included medications and surgery. A progress note dated April 1, 2015 indicates a chief complaint of right shoulder pain and bilateral knee pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prochlorper 10mg 30 day supply #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pan, Anti-emetics (for opioid nausea).

Decision rationale: Prochlorper is a form of chlorpromazine, which is an anti-nausea medication. MTUS is silent specifically regarding Chlorpromazine, so other guidelines were utilized. ODG states regarding promethazine, not recommended for nausea and vomiting secondary to chronic opioid use. ODG additionally cites another possible indication of use as a sleep aid, when sedating antihistamines are not recommended for long-term insomnia treatment. And Tolerance seems to develop within a few days. Medical records indicate that Prochlorper is used for nausea symptoms and not as a sleep aid. The treating physician does not describe the symptoms in sufficient details the medical notes or provide any clinical examination or evaluation prior to the date of service. ODG does not recommend this medication for opioid induced nausea. As such, the request for Prochlorper 10mg 30 day supply #120 is not medically necessary.

Belsomra 10mg 30 day supply #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 treatments and Other Medical Treatment Guidelines fda.gov/Uptodate.com, Treatment of insomnia.

Decision rationale: The MTUS is silent on Belsomra (suvorexant). ODG were used. According to the FDA, Belsomra is an orexin receptor antagonist and is the first approved drug of this type. Orexins are chemicals that are involved in regulating the sleep-wake cycle and play a role in keeping people awake. Belsomra alters the signaling (action) of orexin in the brain. The MTUS nor OGD discuss the use of this type of medication. The ODG states that medications are Recommend that treatment be based on the etiology, with the medications recommended below Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In regards the requested medication, role for this drug in the treatment of insomnia remains to be determined, as suvorexant and other similar drugs in development have not yet been compared directly with other therapies for insomnia. It is notable that development of almorexant, another orexin receptor antagonist, was halted in 2011 for reasons that have not been made publicly available. The requesting provided does not describe the patient's sleeping issues, what non-pharmacotherapy has been attempted and what more traditionally recommended medications have been used and failed. As such, the request for Belsomra 10mg 30-day supply #30 is not medically necessary.

