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| <b>Case Number:</b>   | CM15-0098829 |                              |            |
| <b>Date Assigned:</b> | 06/01/2015   | <b>Date of Injury:</b>       | 11/13/2007 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 04/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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.

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The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 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 53 year old female who sustained an industrial injury on 11/13/07. The mechanism of injury is unclear. He currently complains of stabbing pain in his back with radiation down his right leg. He has 50% functional improvement with activities of daily living with medications and 50% pain reduction. His pain level is 10/10 without medication and usually 4/10. His pain level currently is 9/10 and he would like Toradol injection. On physical exam of the back he exhibits some limited range of motion, right and left straight left raise cause right sided back pain. Medications are Norco, ibuprofen and Flexeril. Diagnoses include low back pain; sprain/ strain lumbar spine with lumbar degenerative disc disease; obesity; bilateral shoulder and elbow complaints, due to a separate claim; insomnia due to pain. Treatments to date include medication; pool exercises in an effort to lose weight. In the progress note dated 4/7/15 the treating provider's plan of care includes a request for Belsomra 10 mg at bedtime for insomnia due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 ODG, insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.