

<b>Case Number:</b>	CM14-0072922		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old male who reported an injury on 01/28/2012. The mechanism of injury was not stated. Current diagnoses include status post left knee arthroscopy on 10/10/2012, left ankle sprain, left great toe sprain, lumbar spine musculoligamentous sprain and osteoarthritis at the metatarsophalangeal joint of the first toe. The injured worker was evaluated on 01/20/2014 with complaints of left 1st toe pain with swelling, redness and difficulty walking. The injured worker also reported left knee pain and low back pain. The previous conservative treatment includes chiropractic therapy, physical therapy and acupuncture. The current medication regimen includes Sonata and Vicodin. Physical examination revealed tenderness to palpation over the 1st metatarsophalangeal joint, redness, moderate swelling, warmth, and 2nd to 4th toe amputations. Treatment recommendations at that time included continuation of the current medication regimen and an internal medicine consultation. A request for an authorization form was submitted on 01/20/2014 for x-rays of the left great toe, Vicodin 5/500 mg, Sonata 10 mg and Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Fexmid 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There was also no frequency listed in the request. As such, the request is non-certified.

**1 Prescription for Sonata 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, Pain (Chronic).

**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 Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state insomnia treatment is recommended based on etiology. The injured worker does not maintain a diagnosis of insomnia. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of a failure to respond to nonpharmacologic treatment as recommended by the Official Disability Guidelines. There is also no frequency listed in the request. As such, the request is non-certified.