

<b>Case Number:</b>	CM15-0004916		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 55-year-old male who reported injury on 01/10/2012. The mechanism of injury was the injured worker's leg was run over by another driver. The surgical history included an open reduction internal fixation of the left ankle. Prior therapies included 24 sessions of acupuncture. The documentation of 10/28/2014 revealed the injured worker had continued pain in his left foot and was wearing his CAM walker. The injured worker was utilizing a wheelchair constantly and had multiple falls due to weakness. The examination of the left ankle revealed tenderness to palpation over the medial and lateral aspect, discoloration, decreased sensation over the foot, muscle atrophy, decreased range of motion, and painful range of motion. The diagnoses included status post trauma, probable nonunion medial malleolar fracture, status post I&D, left sided foot drop, CRPS, intractable low back pain, and hypertension. The treatment plan included a continuation of Synovacin for the joints, Xanax for anxiety and depression, melatonin for sleep, Restoril for sleep, and Colace for constipation secondary to medication use. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for the treatment of injured workers with chronic pain for longer than 4 weeks due to high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration. However, there is a lack of documentation of objective functional benefit. There is a lack of documentation per the submitted request regarding the frequency for the requested medication. Given the above and the lack of documentation, the request for Xanax 1 mg #120 is not medically necessary.

**Melatonin 4mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Foods and Insomnia Treatments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Melatonin.

**Decision rationale:** The Official Disability Guidelines indicate that melatonin is recommended for sleep delayed phase syndrome and rapid eye movement sleep behavior disorders. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for melatonin 4 mg #30 is not medically necessary.

**Synovacin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Sulfate Page(s): 50.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend glucosamine sulfate for the treatment of osteoarthritis and arthritis pain. The clinical documentation submitted for review indicated the injured worker had CRPS and therefore had pain; however, there was a lack of documentation indicating the injured worker had arthritis. The documentation indicated the injured worker had utilized the medication. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Synovacin 500 mg #90 is not medically necessary.

**Docusate 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker was having constipation due to medications; however, there was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for docusate 50 mg #90 is not medically necessary.