

<b>Case Number:</b>	CM14-0120840		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 37-year-old female with a 10/5/13 date of injury, and status post left knee arthroscopy and meniscectomy (undated). At the time (6/25/14) of request for authorization for Diazepam 5mg #15 and Voltaren Gel 1% #100 (Purchased), there is documentation of subjective (no improvement in left ankle since cortisone injection, persistent complaints of discomfort and pain, especially with prolonged sitting activities, and some complaints of instability and pain that is mostly on the lateral aspect of the left ankle) and objective (joint line tenderness over left ankle with tenderness over the peroneal tendons, plus minus anterior drawer test on the left ankle compared to the right, and lacks 5 degrees of full dorsiflexion and 5 degrees of full plantar flexion on the left side compared to the right) findings, current diagnoses (Osteochondritis dissecans lesion, left ankle and tear of lateral ligament complex with possible peroneal tendinitis, left ankle), and treatment to date (home exercise program and left ankle cortisone injection). Regarding Diazepam 5mg #15, there is no documentation of the intention to treat over a short course. Regarding Voltaren Gel 1% #100 (Purchased), there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, the intention to treat over a short course, and failure of an oral NSAID (non-steroidal anti-inflammatory drug) or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #15:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Osteochondritis dissecans lesion, left ankle and tear of lateral ligament complex with possible peroneal tendinitis, left ankle. However, there is no documentation of the intention to treat over a short course (up to 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Diazepam 5mg #15 is not medically necessary.

**Voltaren Gel 1% #100 (Purchased):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID (non-steroidal anti-inflammatory drug) or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of Osteochondritis dissecans lesion, left ankle and tear of lateral ligament complex with possible peroneal tendinitis, left ankle. However, despite documentation of subjective (instability and pain that is mostly on the lateral aspect of the left ankle) and objective (joint line tenderness over left ankle with tenderness over the peroneal tendons, plus minus anterior drawer test on the left ankle compared to the right, and lacks 5 degrees of full dorsiflexion and 5 degrees of full plantar flexion on the left side compared to the right) findings, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle). In addition, there is no documentation of the intention to treat over a short course (4-12 weeks). Furthermore, there is no documentation of

failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren Gel 1% #100 (Purchased) is not medically necessary.