

Case Number:	CM15-0164498		
Date Assigned:	09/10/2015	Date of Injury:	07/25/2012
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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.

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 (IW) is a 35 year old male who sustained an industrial injury on 07-25-2012. He reported a slip and fall at work where he slipped forward with the left knee extended and felt discomfort in his left knee. MRI of the left knee (01-08-2014) showed Grade I partial thickness medial collateral ligament tear and possible mild Grade I partial-thickness anterior cruciate ligament tear. A MRI of the right knee (04-07-2014) showed a lateral meniscus tear in the anterior horn. The injured worker was recently diagnosed as having long term use of medications, pain in joint, lower leg, and tear lateral meniscus knee. Treatment to date has included arthroscopic surgery of the left knee (01-25-2013), oral, and topical medications. Currently, the injured worker complains of bilateral knee pain, right side worse than left. The right side is severe and constant, and he has intermittent swelling of the right ankle. His left knee pain has recently increased due to compensation for pain in the right knee. The worker ambulates with crutches and takes Nabumetone for pain and inflammation, gabapentin at bedtime for neuropathic symptoms and insomnia, venlafaxine for depression and anxiety secondary to chronic pain, buprenorphine for pain, and Protonix for GI upset secondary to medication. His most recent urine drug screen was positive for methamphetamine. The worker denies use of this drug and denies contact with anyone who has access to amphetamines. On examination, he has normal muscle tone in both left and right lower extremity. The right leg exam has thigh flexion 4 of 5, lower leg flexion 4 of five, lower leg extension 4 of five, normal ankle dorsiflexion, normal ankle plantar flexion, and normal extensor Halluces Longus. The left lower leg has normal musculoskeletal strength. The treatment plan includes oral medications

and topically compounded medications. Urine drug screens are done periodically to assess for medication compliance. A request for authorization was submitted for Compound Medication: Buprenorphine HCL Powder, Troche base powder #63 DS; 21. A utilization review decision (08-20-2015) non-certified the request for this compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Buprenorphine HCL Powder, Troche base powder #63 DS; 21:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.