

<b>Case Number:</b>	CM13-0039063		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 36-year-old male who reported an injury on 11/20/2007. The patient is diagnosed with right shoulder impingement. The patient was recently seen by [REDACTED] on 10/08/2013. The patient reported right shoulder pain with decreased range of motion and strength. Physical examination revealed positive impingement and Hawkins sign in the right shoulder with decreased range of motion. Treatment recommendations included a refill of medications and continuation of work restriction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription of compounded medications- Capsaicin Powder and Ketoprofen from 02/04/13 to 02/05/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. The only FDA-approved topical NSAID is diclofenac. Capsaicin is recommended for patients who are intolerant or have not responded to other treatments, and is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. As per the clinical notes submitted, this patient does not maintain a diagnosis of osteoarthritis or fibromyalgia. There is also no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.