

<b>Case Number:</b>	CM13-0070311		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial injury of October 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; unspecified amounts of chiropractic manipulative therapy and physical therapy; a TENS unit; and a lumbar support. In a Utilization Review Report dated December 3, 2013, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. On September 17, 2013, the applicant consulted a family practitioner, who suggested that the applicant was medically cleared to proceed with a planned shoulder surgery. In a medical progress note of October 16, 2013, the applicant was given prescriptions for Norco, Naprosyn, and Prilosec. Topical compounded medications were subsequently endorsed. The applicant was described as off of work, on total tThe applicant is a represented, United Rentals, Incorporated employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial injury of October 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; unspecified amounts of chiropractic manipulative therapy and physical therapy; a TENS unit; and a lumbar support. In a Utilization Review Report dated December 3, 2013, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. On September 17, 2013, the applicant consulted a family practitioner, who suggested that the applicant was medically cleared to proceed with a planned shoulder surgery. In a medical progress note of October 16, 2013, the applicant was given prescriptions for Norco, Naprosyn, and Prilosec. Topical compounded medications were

subsequently endorsed temporary disability, in multiple progress notes, including on September 4, 2013. The applicant underwent the shoulder surgery in question on September 25, 2013, it was further noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Amitriptyline DT and Capsaicin F3; DOS 2/27/2012: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin, the primary ingredient in the compound in question, is considered a last-line agent, to be employed only in those applicants who are proven intolerant to and/or have not responded to other medications. In this case, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco and Naprosyn, effectively obviates the need for the Capsaicin-containing topical compound. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Retrospective Amitriptyline DT and Capsaicin F3, DOS 2/27/2012 is not medically necessary.