

<b>Case Number:</b>	CM14-0004569		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/06/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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:

The applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 6, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, extracorporeal shock wave therapy, unspecified amounts of acupuncture and topical compounded medications. In a Utilization Review Report dated December 17, 2013, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. Much of the documentation on file, it is incidentally noted, was sparse, handwritten, and difficult to follow. In a handwritten genetic metabolism testing report dated September 30, 2013, it was acknowledged that the applicant was using blood pressure medications, antidepressants, anxiolytic medications, Norco, and morphine. On September 30, 2013, the applicant was issued prescriptions for several topical compounded medications, including a Capsaicin-Flurbiprofen-Methyl Salicylate compound as well as a Flurbiprofen-Tramadol topical compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR MEDICATIONS FLUBIPROFEN/CAPSACIN DURATION UNKNOWN AND FREQUENCY 2-3 TIMES A DAY) DISPENSED ON 09/30/2013: Upheld**

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

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

**Decision rationale:** As noted on page 28 of the California MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin, the principal ingredient in the compound in question, is not recommended except as a last-line agent, in applicants who are intolerant to and/or have not responded to other treatments. In this case, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco and morphine effectively obviates the need for what page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents. It is further noted that, since the Capsaicin ingredient in the compound carries an unfavorable recommendation, that the entire compound is considered not recommended, per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.