

<b>Case Number:</b>	CM14-0021022		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/31/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old female who has submitted a claim for chronic impingement right and left shoulders, frozen right shoulder, associated with an industrial injury date of July 31, 2005. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/06/2014, showed constant pain in the right shoulder. She had difficulty in rotation of her shoulder inward and difficulty in abduction and extension of the shoulder. The shoulder was stiff and painful. She complained of increasingly painful left shoulder. Physical examination revealed atrophic shoulders. Both shoulders were tender anteriorly at the exit of biceps muscle. There was tenderness laterally under the acromion and posteriorly over the posterior portal area. Both acromioclavicular joints were tender. There was limitation of the range of motion for both shoulders. Treatment to date has included home exercise program and medications such as Capsaicin/Baclofen/Ketoprofen ointment prescribed September 2013. Utilization review from 10/09/2013 denied the request for the purchase of Capsaicin/Baclofen/Ketoprofen ointment, 240g #1 because the guidelines did not support use of topical Baclofen or Ketoprofen, and there was no documentation of intolerance or failure of other treatments to support Capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN/BACLOFEN/KETOPROFEN OINTMENT 240 G, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; CAPSAICIN, TOPICAL Page(s): 111-113; 28.

**Decision rationale:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Baclofen is not recommended as a topical agent. According to page 28 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for three different topical medications. In addition, certain components of this compound, i.e., baclofen and ketoprofen, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Capsaicin/Baclofen/Ketoprofen ointment 240 g, qty: 1 is not medically necessary.