

<b>Case Number:</b>	CM14-0173726		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/13/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with date of injury 8/13/07. The treating physician report dated 9/17/14 indicates that the patient presents with chronic pain affecting the feet bilaterally which is rated a 1-2/10 at rest and increased to 3-4 with weight bearing activities. The patient continues to work full time as a LVN and is on her feet for 8-10 hours per day, six days per week. The physical examination findings reveal tenderness affecting the plantar fascia, moderate tenderness with a positive Tinel sign to Baxter's nerve and left calf atrophy. The current diagnoses are: 1. Recalcitrant plantar fasciitis, left foot 2. Probable Baxter's nerve entrapment, left heel 3. Probable incipient tarsal tunnel syndrome, left foot. The utilization review report dated 10/8/14 denied the request for Mentherm analgesic cream 2 bottles 120 grams each based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm analgesic cream 2 bottles 120 grams each:** Overturned

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

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

**Decision rationale:** The patient presents with chronic left foot and heel pain. The current request is for Methoderm analgesic cream 2 bottles 120 grams each. Methoderm is a topical cream containing methyl salicylate and menthol. The treating physician report dated 6/17/14 states, "Please authorize Methoderm analgesic cream 240ml (2 bottles) for pain control, as she is unable to take NSAIDS and pain medication due to GI upset and pain." The MTUS Guidelines state that topical NSAIDS are indicated for peripheral joint arthritis and tendinitis. In this case the treating physician has indicated that the patient is intolerant of oral NSAIDS and has prescribed this topical analgesic to be used for chronic left foot pain that is flared with walking at work. This topical cream is supported by MTUS and it is medically necessary.