

Case Number:	CM14-0129808		
Date Assigned:	08/20/2014	Date of Injury:	11/16/1994
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal 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 injured worker is a 66 year old male who had an industrial injury on 11/16/1994. He was most recently seen on August 03, 2014. At that time, his complaints included neck and back pain with numbness and tingling in bilateral upper extremities and lower extremities. Physical examination revealed cervical and lumbar spinal spasm along with normal motor and sensory function in both upper and lower extremities. His straight leg raising test was positive at 80 degrees on the right. The diagnoses included chronic pain syndrome and chronic bilateral lumbar and cervical radiculopathy. The request is for lidoderm patches as an adjunct to physical therapy (home exercise) and amitriptyline recommended by the treating facility. The patient also complains of knee pain bilaterally. The nature of pain is not determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 (X3 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The provider has documented that the patient has numbness and tingling in upper and lower extremities bilaterally. Reflex function at all reflexes was noted to be hypoactive and bilateral motor and sensory function were normal in all extremities tested. There was reported positive straight leg rising at 80 degrees. Straight leg rising is only positive if the patient's native symptoms are elicited between 30 and 70 degrees of elevation. In this patient's case, symptoms were elicited only at 80 degrees. So this is clearly not a positive test. The specificity of a straight leg raising test (SLRT) is about 30% so it is a very non-specific piece of evidence. It is helpful only when it is negative, in which case, it has a high negative predictive value for absence of radiculopathy. The findings in this case would argue that most likely, the patient does not have a radiculopathy since based on the record, and his SLRT is negative. Lidoderm is recommended as an option in conjunction with other measures for radicular pain, not numbness and tingling. Specific areas that are affected by radicular pain and amenable to Lidoderm therapy should be stated in the record. The evidence to support radiculopathy bilaterally at cervical and lumbar areas is not sufficient to conclude that the patient truly has radicular pain. Medically necessity has not been established.