

<b>Case Number:</b>	CM13-0072426		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 52-year-old injured on June 30, 2007 due to an undisclosed mechanism of injury. Current diagnoses include status post right knee arthroscopy and right knee chondromalacia patella. Clinical note dated December 10, 2013 indicates the injured worker presented complaining of persistent right knee pain rated as 7/10 described as stabbing pain on the anterior aspect of the knee and tightness and cramping behind her knee. The injured worker reports she can walk approximately 15 to 30 minutes at one time; however, does have some increased pain with prolonged walking. The injured worker reports continued home exercise program including walking approximately 30 minutes 3 times a week. Prior aquatic therapy helped increase the injured worker's activity level per injured worker report. The documentation indicates the injured worker reports current medication regimen increases activity level and decreases pain; however, does suffer constipation with medication use and occasional gastrointestinal upset. Physical examination revealed antalgic gait, use of cane for ambulation, decreased range of motion of the right knee, positive patellofemoral crepitus and no sign of infection or deep vein thrombosis in the right lower extremity. Current medications include Ketoprofen 75 mg twice a day, Elavil 10 mg 2 tablets every night, Prilosec 2 mg every day and lidopro cream. The initial request for amitriptyline HCL 10 mg #60 was initially non-certified on December 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline HCL 10 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Amitriptyline Page(s): 13.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The clinical documentation failed to establish the presence of objective findings consistent with neuropathy. As such, the request for Amitriptyline HCL 10 mg, sixty count, is not medically necessary or appropriate.