

<b>Case Number:</b>	CM15-0162218		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/27/2003
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 10-27-2003. He reported bilateral knee pain. The mechanism of injury is unclear. The injured worker was diagnosed as having history of bilateral knee arthritis with ACL tears, right knee arthritis, right knee ACL with graft, left knee arthritis, intraarticular loose body left knee, right medial and lateral meniscal tear. Treatment to date has included medications, Euflexxa injections, physical therapy, right knee ACL reconstruction (October 2013), right inguinal hernia (September 2012). The request is for Amitriptyline, and magnetic resonance imaging of the lumbar spine. On 4-7-2015, he reported bilateral knee pain. The treatment plan included: Norco and ibuprofen. He is self-employed and working full duties. On 6-2-2015, he reported bilateral knee pain. He is noted to treat his pain with Norco an amitriptyline. He indicated Amitriptyline to reduce his bilateral knee pain. He is working full time. The treatment plan included: Norco and amitriptyline. On 6-30-2015, he reported bilateral knee pain. Euflexxa injections are noted to have been effective at pain reduction for 4 months. Norco and Amitriptyline are noted to help significantly; however one week prior to this date he had a flare that these medications were unable to relieve causing him to stay at home for one week. The treatment plan included: bilateral knee injections with lidocaine, Marcaine and kenalog; refilling norco and amitriptyline. Work status is full duty. Amitriptyline is noted to relieve discomfort and aid in sleep. Norco allows him to work throughout the day. On 7-28-2015, he reported bilateral knee pain that is unchanged and increased back pain. He feels his back pain is related to the knee pain. He continues to use medications to help with pain. There is no documented examination of the low back. The

treatment plan included: bilateral knee injections, magnetic resonance imaging of the lumbar spine, norco and amitriptyline.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Amitriptyline 25mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain.

**Decision rationale:** The current request is for Amitriptyline 25MG, #30. Treatment to date has included medications, Euflexxa injections, physical therapy, right knee ACL reconstruction (October 2013), right inguinal hernia (September 2012). The patient is working full-time. MTUS chronic pain guidelines, Amitriptyline section page 13 states, "Recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references." MTUS Guidelines, Antidepressants for chronic pain Section, pages 13-15 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Per report 07/28/15, the patient presents with chronic bilateral knee and reports and increase in lower back pain. The patient states that he feels his back pain is related to his knee pain. There is no examination of the lower back. Examination of the right knee revealed decreased ROM, and slightly tender along the anterior and lateral joint line. Current medications include Norco and Amitriptyline. The patient has been prescribed Amitriptyline since at least May 2015. The patient reported that Amitriptyline reduces his bilateral knee pain, relieves discomfort and aides in his sleep disturbances. In this case, the patient is working and treater has documented medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Magnetic resonance imaging (MRI) of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, under MRIs (magnetic resonance imaging) (L-spine).

**Decision rationale:** The current request is for magnetic resonance imaging (MRI) of the lumbar spine without contrast. Treatment to date has included medications, Euflexxa injections, physical therapy, right knee ACL reconstruction (October 2013), right inguinal hernia (September 2012). The patient is working full-time. ODG Guidelines, Low back Chapter, under MRIs (magnetic resonance imaging) (L-spine) states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." Per report 07/28/15, the patient presents with chronic bilateral knee and reports an increase in lower back pain. The patient states that he feels his back pain is related to his knee pain. Reports 09/22/14 through 07/28/15 were reviewed, which provided no examination findings of the lower back. There is no rationale provided for the requested MRI of the lumbar spine. In this case, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.