

Case Number:	CM14-0214950		
Date Assigned:	01/07/2015	Date of Injury:	05/01/2008
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 49 year old male with an injury date of 05/01/08. Based on the 11/21/14 progress report provided by treating physician, the patient complains of left knee pain (unrated). Patient is status post unspecified workplace injury. Pertinent physical examination findings were not included with the reports provided. The patient is currently prescribed Norco. Patient's is currently employed full time. Diagnostic imaging included MRI of the left knee dated 10/30/14, significant findings include: "Mild free edge fraying of the lateral meniscal body, suggestion of fluid linear signal violating the inferior articular surface of the posterior horn, suspicious for re-tearing, high cartilage loss again noted at the central femoral trochlea extending medially and laterally with mild sub-adjacent reacting bone marrow edema in the lateral femoral trochlea, high-grade cartilage fissure at the mid medial tibial plateau compared to prior study, moderate joint effusion with synovitis." Diagnosis 11/21/14- Contusion/sprain, knee The utilization review determination being challenged is dated 12/02/14 the rationale follows: 1) Amitriptyline: "assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function there was no documentation of decreased use or change in the use of other analgesic medications." 2) Flexeril: "this medication is not recommended to be used for longer than 2-3 weeks objective evidence of pain reduction and functional gains were no documented." Treatment reports were provided from 07/07/14 to 12/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg, 1 po qhs #30: Overturned

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: The patient presents with left knee pain (unrated). The request is for AMITRIPTYLINE 25MG, 1 PO QHS #30. Pertinent physical examination findings were not included with the reports provided. The patient is currently prescribed Norco. Patient's is currently employed full time. Diagnostic imaging included MRI of the left knee dated 10/30/14. MTUS Chronic Pain Medical Treatment Guidelines, page 13 states: "Recommended as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. There have been 25 controlled trials that have studied the use of antidepressants for fibromyalgia, including 3 meta-analyses. Except for good results found with duloxetine and fibromyalgia (Arnold, 2005), the result generally show limited effectiveness on only a minority of patients for this condition, and most of these studies evaluated tricyclics." While the documentation provided does not elucidate details of this patient's physical findings or mechanism of injury, MTUS guidelines do indicate that tricyclic antidepressants, such as Amitriptyline, can be considered appropriate for the treatment of unresponsive non-neuropathic pain. Though the patient does not have an official diagnosis of depression, the reports provided do indicate that this patient has undergone prolonged NSAID and opioid therapy, continues to experience pain. It appears that the exploration of Amitriptyline, in light of NSAID/opioid failure is a reasonable therapeutic avenue. Therefore, this request IS medically necessary.

Flexeril 10mg, 1 po qd prn #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with left knee pain (unrated). The request is for FLEXERIL 10MG, 1 PO QD PRN #30. Pertinent physical examination findings were not included with the reports provided. The patient is currently prescribed Norco. Patient's is currently employed full time. Diagnostic imaging included MRI of the left knee dated 10/30/14. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal

conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."Progress reports provided indicate that this patient has been receiving Flexeril for the purposes of pain control since at least 10/10/14. The prescribed amount, an additional 30 day supply indicates that there is no intention to use this medication in accordance with MTUS guidelines, which specify that this class of medications only be utilized for short courses of therapy. Therefore, this request IS NOT medically necessary.