

Case Number:	CM13-0045083		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2010
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 physician reviewer was selected based on his 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 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 60-year-old female with date of injury on 06/25/2010. The progress report dated 10/14/2013 by [REDACTED] indicates that the patient's diagnosis include chronic pain syndrome, degenerative lumbar disk. The patient continues with back and left knee pain rated at 8/10 without medication and 6/10 with medication. The patient uses a wheeled walker. Exam findings noted decreased painful range of motion. The patient ambulates with a wheeled walker, slow, bent over at the waist. The patient was prescribed Vicoprofen, which helps to decrease the pain and increase function. The patient was also prescribed Savella. It was noted that this was finally authorized. The progress report dated 08/13/2013 indicates that Savella was stopped due to denial. Utilization review letter dated 10/21/2013 indicates that the patient had prior usage of this medication and there is no specific documentation including efficacy with prior use. Therefore, a modification was made for certification of Savella 12.5 mg 1 daily for 1-month supply for weaning purposes. \hat{i}

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Medication x 1 Savella: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The Physician Reviewer's decision rationale: This patient continues with chronic pain, which is decreased from an 8/10 without medications down to a 6/10 with medications. Medical records indicate the patient reports that her pain medications improved her pain and increased her function. The patient does not have negative side effects. The patient was prescribed Savella 12.5 mg #30. Savella is under drug class of SNRI, which is an antidepressant medication. MTUS page 13 through 15 regarding antidepressants states that they are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. It appears that the records indicate this patient has been on this medication in the past. It has been denied by utilization review and then re-approved. It is unclear how much benefit this patient gets from this medicine in comparison to the Vicoprofen that she takes. However, the prescription of 12.5 mg #30 for a 1-month supply appears to be reasonable as it is recommended by MTUS. Therefore, authorization is recommended.