

Case Number:	CM14-0002736		
Date Assigned:	05/23/2014	Date of Injury:	03/05/2012
Decision Date:	08/18/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 03/05/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right hand. The injured worker's treatment history included a functional restoration program, medial branch blocks, and multiple medications. The injured worker was evaluated on 11/25/2013. It was noted that the injured worker had failed to respond to a clinical trial of gabapentin, Cymbalta, and Tylenol. Physical findings included restricted cervical range of motion secondary to pain. The injured worker's diagnoses included cervicalgia, strain, degenerative disc disease, and facet degeneration of the right C3-4, left knee pain, and thoracolumbar pain, strain, degenerative disc disease, and protrusion of the L5-S1 with facet degeneration. The injured worker's treatment plan included increasing the injured worker's medication Savella from 25 mg daily to 25 mg twice a day for myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 25MG #60 WITH 3 REFILLS PER RFA 12-24-13 QUANTITY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Version, Pain section: Milnacipran (Savella).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressants for chronic pain.

Decision rationale: The requested Savella 25 mg #60 with 3 refills per Request for Authorization 12/24/2013 quantity 180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend the use of Savella for fibromyalgia. The clinical documentation submitted for review does not provide any evidence that the injured worker has a diagnosis of fibromyalgia. However, as the injured worker has already been taking this medication, continued use would need to be supported by significant functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of significant functional benefit or pain relief resulting from 25 mg once a day; therefore, the medication was increased to 25 mg twice a day. The Request for Authorization form dated 12/24/2013 also requested 3 refills of this medication. However, as the increase in medication has not been provided a trial period to establish efficacy, 3 refills would not be indicated in this clinical situation. As such, the requested Savella 25 mg #60 with 3 refills per RFA 12/24/2013 quantity 180 is not medically necessary or appropriate.