

<b>Case Number:</b>	CM14-0129198		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 11/15/2012. The mechanism of injury was noted as a fall. The most recent progress note, dated 6/23/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated positive tenderness to palpation of the cervical spine. The shoulder was with full range of motion. There was positive tenderness to palpation of the posterior leg and positive tenderness to palpation of the bilateral shoulder deltoid muscles. There was also positive tenderness to palpation at the lumbosacral area. Diagnostic imaging studies included an EMG of bilateral upper and lower extremities, dated 1/24/2014, which revealed C6-C7 and L5-S1 radiculopathies. Cervical spine MRI, from 3/14/2014, revealed C5-C6 and C6-C7 protrusions, and C2 through 5 annular bulges. MRI of the lumbar spine was performed on the same day and reveals L5-S1 spondylosis with protrusion and bilateral foraminal stenosis, L4-L5 disc bulge with facet arthrosis and foraminal narrowing. Previous treatment included medications and conservative treatment. A request had been made for Savella 50 mg #60 and was not certified in the pre-authorization process on 8/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Savella 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Updated 07/10/2014) Milnacipran.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127..

**Decision rationale:** Savella is an SNRI medication that is FDA approved for the treatment of anxiety, depression, panic disorder, and social phobias. Off-label use includes fibromyalgia, neuropathic pain, and diabetic neuropathy. The clinical documents, provided, do not indicate a diagnoses of depression, anxiety or pain disorder, but there is a diagnoses of failed back syndrome and lumbar radiculopathy. Accordingly, this medication is not recommended for use in treating these diagnoses. Additionally, there is no documentation of subjective complaints or objective findings consistent with radiculopathy. As such, the request is considered not medically necessary.