

<b>Case Number:</b>	CM14-0154994		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/02/1996
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in pain Management and is licensed to practice in Tennessee. 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:

This is a 53-year-old female with a 10/2/96 date of injury. The mechanism of injury occurred when she was attempting to move a rail road tie to open a door in which she reported resulted in bulged discs. According to a pain management note dated 7/16/14, the patient was seen for a pump refill and reported pain attacks and increased anxiety. She stated that she had mild relief with Savella for fibromyalgia. She rated her pain as a 6/10. She complained of increased spasms in low back, swelling in her legs, and increased depression secondary to dental insurance and home healthcare situation. Objective findings: antalgic gait, abdominal bloating, sensation decreased in L5 distribution bilaterally, poor dentition. Diagnostic impression: lumbar spine radiculitis, fibromyalgia, status post morphine pump implant, severe depression with suicidal ideations, patient is homebound, edema, chronic pain syndrome, unable to drive. Treatment to date: medication management, activity modification, aquatic therapy, surgery, acupuncture. A UR decision dated 8/30/14 denied the request for Savella. It appears that her pain is mostly secondary to lumbar spine issues without evidence of diffuse myofascial involvement typically characteristic of fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Savelia 50mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Savella)

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the FDA, Savella is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia. In this case, the patient has a diagnosis of fibromyalgia. In addition, she has reported that her condition has improved with the use of Savella. Therefore, the request for Savella 50mg #30 is medically necessary.