

<b>Case Number:</b>	CM14-0186713		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 47year old woman with a work related injury dated 11/4/10 resulting in chronic neck and low back pain. She has had a cervical anterior fusion. She continues to have cervical radicular pain with radiation of pain and parasthesias into her upper extremity. She also complains of low back pain for which she has had epidural spinal steroid injections and physical therapy. On 9/14 she was evaluated by the primary treating orthopedic physician. The exam showed an antalgic gait with tenderness over the lumbar spine and SI joints. She takes NSAIDS for the pain. The diagnosis includes neck sprain/strain, thoracic sprain/strain, status post cervical fusion, lumbar disc protrusion, lumbar radiculopathy, bilateral wrist sprain/strain, bilateral hip internal derangement. Under consideration is the medical necessity of Savella 50mg #60, which was denied during utilization review, dated 10/20/14.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-63.

**Decision rationale:** According to the MTUS Milnacipran (Savella) 50mg #60 is not recommended as it is not FDA approved and not available in the US at this time. It is under study as a treatment for fibromyalgia syndrome. In this case the patient has a diagnosis of fibromyalgia. The use of Milnacipran is not medically necessary as it is not FDA approved for this diagnosis.