

Case Number:	CM14-0024221		
Date Assigned:	06/13/2014	Date of Injury:	11/16/2000
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 57 year-old female with a 11/16/2000 date of injury. She has been diagnosed with left CTS, lumbar DDD, cervical DDD, right CTS, s/p CTR. According to the 4/16/14 physiatry/pain management report, from [REDACTED], the patient also has fibromyalgia and he has been providing ultrasounded guided trigger point injections for the trapezius muscles, and providing medications for pain, spasms, and Savella for fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 50 MG TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines; page(s) pages 13-16 Antidepressants for chronic pain.

Decision rationale: The patient presents with neck, back, left wrist pain and depression and anxiety. The request is for use of Savella 50mg tablets. Savella is a selective serotonin and

norepinephrine reuptake inhibitor (SNRI) with labeled indications to treat fibromyalgia. The records show the patient has been on Savella since at least 10/28/13. The medical reports from [REDACTED] were reviewed in detail, including 10/28/13, 12/27/13, 1/16/14, 2/12/14, 3/12/14, and 5/28/14. The reports do not include a pain assessment, or discussion of efficacy of the Savella. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no indication that the medications has provided a satisfactory response, with either decreased pain, improved quality of life or improved function. MTUS does not recommend continuing treatment that does not provide a satisfactory response. Recommendation is for non-certification.