

Case Number:	CM14-0026038		
Date Assigned:	07/23/2014	Date of Injury:	10/01/1997
Decision Date:	09/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine, and is licensed to practice in Colorado. 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 49 year old female with a 10/1/1997 initial date of injury. The mechanism of injury resulted from sitting down onto a chair which broke. The injured worker has a history of 2 lumbar surgeries, trigger point injections, lumbar epidural injections, sacroiliac joint injections, spinal cord stimulator placement in 2002 and replacement in 2010, multiple course of physical therapy (PT). The diagnoses include post laminectomy syndrome, lumbar radiculopathy, and lumbar spondylosis. The request is for Savella 100 mg to wean off completely within a month. The most recent examination of 1/6/14 notes continued complaints of low back and left leg pain with numbness and tingling in left foot, no change in symptoms since last visit. She reports taking Lyrica, Celebrex and Savella with good relief. She reports wanting to stay off narcotics and has stopped taking gabapentin with good sleep now noted. An examination notes lumbar back tenderness right paraspinals, pain with extension, greater with flexion, by rotation to right, by rotation to left, bilateral straight leg raising (SLR) is positive, and there is antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 100MG TO WEAN OFF COMPLETELY WITHIN A MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back.

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

Decision rationale: The medication Savella is not recommended for use as it is intended by the requesting physician. Savella is approved by the Food and Drug Administration (FDA) in the management of fibromyalgia. The injured worker does not have a diagnosis of fibromyalgia. Therefore, the request is not medically necessary and does not meet the criteria of the guidelines.