MAXIMUS Federal Services

Case Number:	CM14-0049541		
Date Assigned:	07/07/2014	Date of Injury:	12/16/2008
Decision Date:	09/17/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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, 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 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 52-year-old female who reported an injury on 12/16/2008. The mechanism of injury was cumulative trauma. The documentation indicated the injured worker had adverse reactions to gabapentin, Wellbutrin, Chantix, Abilify, Paxil, Lexapro, Trileptal, Topamax, Cymbalta, Lyrica, Nucynta, Methadone, Norco, Morphine,F fentanyl, Oxycodone, Suboxone, Naproxen, Zanaflex, Skelaxin, and Soma. The prior treatment were noted to include wrist braces, physical therapy, a right stellate ganglion block, a right upper limb Bier block, and a spinal cord stimulator trial. The injured worker's surgical history was noncontributory. The diagnostic studies were not provided. The documentation of 01/29/2014 revealed the injured worker was utilizing Pamelor 25 mg 1 at bedtime and Suboxone 2 mg/0.5 mg sublingual film 1 twice daily. It was indicated the Pamelor did not help the injured worker's pain, it gave her headaches. The physical examination revealed the injured worker had extremely slow movements with facial grimacing, frequency shifting of the posture or position, and moving in a guarded or protected fashion. The injured worker was moaning and sitting with a rigid posture. The injured worker was holding or supporting the affected body part or area and limping or having a distorted gait. The diagnoses included chronic pain syndrome, myofascial pain syndrome, pain in limb, sprain in shoulder/arm NOS, and neck pain. The treatment plan included a continuation of Tramadol nightly and a trial of Savella 12.5 mg 1 daily, #30. There was no request for authorization form submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Savella 12.5 mg Tablet SIG quantity of 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Diasbility Guidelines- Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Milnacipran.

Decision rationale: The Official Disability Guidelines indicate that Savella (Milnacipran) is under study as a treatment for fibromyalgia syndrome. It has been approved for treatment of depression outside of the U.S. and is a dual serotonin and norepinephrine reuptake inhibitor. The clinical documentation submitted for review indicated the injured worker had previously utilized multiple medications and failed multiple medications. However, there was a lack of documented rationale for the requested medication. There was a lack of documentation indicating the injured worker had fibromyalgia or exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Trial of Savella 12.5 mg Tablet SIG quantity of 30 is not medically necessary.