

Case Number:	CM14-0066053		
Date Assigned:	05/14/2014	Date of Injury:	08/14/1998
Decision Date:	07/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 68-year-old female was reportedly injured on August 14, 1998. The mechanism of injury was noted as a fall. The most recent progress note dated April 8, 2014, indicated that there were ongoing complaints of low back pain and leg weakness. The physical examination demonstrated tenderness along the cervical paravertebral muscles and pain with cervical rotation. There was also tenderness along the thoracic and lower lumbar spine. A lower extremity neurological examination was normal. There were diagnoses of a fall with multiple injuries, lumbar sprain, chronic pain syndrome, lower extremity weakness, rule out spinal myelopathy and bilateral upper extremity numbness and tingling. A trigger point injection was provided. Continued pool therapy was recommended. Previous treatment included cortisone injections and reflexology. A request was made for Savella and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 25MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain ChapterMilnacipran (Savella).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Milnacipran (Savella®), updated June 10, 2014.

Decision rationale: Savella is an SNRI antidepressant. According to the medical records provided, the injured employee has been previously taking this medication but has not specifically stated what for or what kind of efficacy has been achieved with it. The Official Disability Guidelines does not recommend the use of Savella and states that it is under study as a treatment for fibromyalgia syndrome. The injured employee does not have a diagnosis of fibromyalgia. For these reasons, this request for Savella is not medically necessary.