

<b>Case Number:</b>	CM14-0007614		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/16/1990
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 66-year-old female with a 7/16/90 date of injury. The exact mechanism of injury has not been described. The office visit notes provided for review are sparse, hand-written, and very difficult to read. Medications in the treatment plan are illegible. Physical examination was templated and noted as normal. Diagnoses were noted as thoracic outlet syndrome and muscle spasm. Treatment to date included medication management. A Utilization Review (UR) decision dated 12/20/13 denied the request for Savella because it is not documented that the patient has fibromyalgia; UR cited the ODG and additional references.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIXTY TABLETS OF SAVELLA 50MG, TWO TIMES A DAY, WITH THREE REFILLS, RELATED TO SYMPTOMS OF CHRONIC NECK AND LEFT UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs p. 105 antidepressants p. 13-16 medications for chronic pain p. 60-63 Page(s): 13-16, 60. Decision based on Non-MTUS Citation chronic pain chapter: savella [www.fda.gov](http://www.fda.gov)

**Decision rationale:** Although MTUS Chronic Pain Medical Treatment Guidelines states that Savella (milnacipran) is not recommended as it is not FDA approved and not available in the United States, the ODG states that Savella (a selective serotonin and norepinephrine dual reuptake inhibitor) was now approved by the FDA in the management of fibromyalgia; per the FDA, this approval was in 2009. However, there is no clear documentation provided that this patient has fibromyalgia. The records provided are sparse, handwritten, and mostly illegible. The ODG notes that savella is not recommended for chronic pain, that use should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan, and that it should be prescribed with caution in patients with certain medical conditions including seizure disorder, mania, glaucoma, alcohol use, and chronic liver disease. The limited documentation did not include an adequate medical history or medication history for this injured worker, without mention of fibromyalgia or a treatment plan for fibromyalgia. The potential for toxicity in light of use of other medications and medical history is unable to be evaluated. For these reasons, the request for Savella 50 mg #60 two times a day with 3 refills related to symptoms of chronic neck and left upper extremity was not medically necessary.