

Case Number:	CM14-0188562		
Date Assigned:	11/19/2014	Date of Injury:	06/10/2010
Decision Date:	01/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

This 56 year old female sustained a work related injury on 6/10/2010. The mechanism of injury was not described. The current diagnosis is low back pain. According to the progress report dated 10/13/2014, the injured workers chief complaints were low back pain, 7/10 on a subjective pain scale, reduced to 4/10 with medication. The physical examination revealed positive lumbar pain with spasm, and slow gait. On this date, the treating physician prescribed Savella 50mg, which is now under review. In addition to Savella, the treatment plan included Ultracet and Prevacid. No diagnostic imaging reports were specified in the records provided. When Savella was prescribed work status was not indicated. On 11/4/2014, Utilization Review had non-certified a prescription for Savella 50mg. The Savella 50mg was non-certified based on no documentation of derived symptomatic or functional improvement from its previous use. The California MTUS Chronic Pain Medical Treatment Guidelines and official disability guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter Page(s): 99.

Decision rationale: This 56 year-old female sustained a work related injury on 6/10/2010 with undescribed mechanism of injury. The current diagnosis is low back pain. According to the progress report dated 10/13/2014, the injured workers chief complaints were low back pain, 7/10 on a subjective pain scale, reduced to 4/10 with medication. The physical examination revealed positive lumbar pain with spasm, and slow gait. On this date, the treating physician prescribed Savella 50mg, which is now under review. In addition to Savella, the treatment plan included Ultracet and Prevacid. No diagnostic imaging reports were specified in the records provided. When Savella was prescribed work status was not indicated. On 11/4/2014, Utilization Review had non-certified a prescription for Savella 50mg. Milnacipran hydrochloride (brand name Savella) is a selective norepinephrine and serotonin reuptake inhibitor under study for indication of the management of fibromyalgia. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the use of Savella under the patient's listed diagnoses of musculoskeletal strain without permanent impairment or psychological injury. The Savella 50mg #180 x 1 refill is not medically necessary and appropriate.