

Case Number:	CM14-0197220		
Date Assigned:	12/05/2014	Date of Injury:	09/15/2009
Decision Date:	01/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, 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 injured worker's date of injury is 09/15/2009. The patient's original injury occurred at work when the patient pulled a piece of furniture from underneath a desk. An MRI examination on 11/27/2009 revealed a tear of the supraspinatus tendon of the right shoulder. The patient had arthroscopic right shoulder surgery. An MRI of the cervical spine on 06/07/2010 showed disc degeneration. This patient receives treatment for chronic regional pain syndrome (CRPS). Medications taken include: Lyrica 300 mg BID, Fluoxetine 20 mg, and Savella 23.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Savella 12.5mg: 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), Pain (Chronic), Milnacipran (Savella)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 35-38.

Decision rationale: Savella is a Norepinephrine Serotonin reuptake inhibitor (NSRI) that is medically indicated to treat major depression and fibromyalgia. According to the treating

physician's PR-2 form, the treating physician is requesting this medication to treat CRPS, for which Savella does not have an approved medical indication. Savella is not medically indicated.