

Case Number:	CM15-0107180		
Date Assigned:	06/11/2015	Date of Injury:	10/20/1997
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

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 64 year old female with an industrial injury dated 10/20/1997. The injured worker's diagnoses include fibromyalgia, lumbar radiculitis, lumbar disc bulge, cervical radiculitis, cervical disc bulge, left knee internal derangement, left shoulder impingement, obesity and post right arthroscopy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03/09/2015, the injured worker reported low back pain, spasms in back, bilateral knee pain, and pain all over. The injured worker rated pain a 7/10. The injured worker also reported difficulty obtaining Savella covered to treat fibromyalgia. Objective findings revealed antalgic gait with single point cane, positive straight leg raises, decreased range of motion and positive myofascial trigger pain of upper back. Treatment plan consisted of medication management, home exercise program, home health and follow up appointment. The treating physician prescribed Savella 50 mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran, pages 62-63. Decision based on Non-MTUS Citation FDA Savella <http://www.drugs.com/pro/savella.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicated that Milnacipran was under study as a treatment for fibromyalgia syndrome. An FDA Phase III study demonstrated "significant therapeutic effects" of Milnacipran for treatment of fibromyalgia syndrome. FDA Prescribing Information document that Savella (Milnacipran) is indicated for the management of fibromyalgia. The treating physician's progress report dated 3/14/13 documented a diagnosis of fibromyalgia. The date of injury was 10/20/1997. The treating physician's progress report dated 5/4/15 documented a diagnosis of fibromyalgia. The treatment plan included continuing Savella for fibromyalgia. FDA Prescribing Information document that Savella (Milnacipran) is indicated for the management of fibromyalgia. Medical records document the diagnosis of fibromyalgia. The request for Savella (Milnacipran) is supported by FDA guidelines. Therefore, the request for Savella is medically necessary.