

<b>Case Number:</b>	CM15-0141617		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/07/1992
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 73 year old female, who sustained an industrial injury on December 7, 1992. The injured worker was diagnosed as having bursitis of hip, hip joint replacement, myalgia and myositis, obesity, chronic pain syndrome and opioid type dependence. Treatment to date has included x-rays, hip surgery, hip replacement, knee replacement, spinal fusion, Physical therapy and medication. A progress note dated June 23, 2015 provides the injured worker complains of hip pain right greater than left, left knee pain and fibromyalgia. She rates the pain 7 out of 10. Savella was changed previously to control fibromyalgia pain. Physical exam notes tenderness to palpation of right greater trochanter. The plan includes surgical consultation, topical and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Savella (Milnacipran) 50 mg Qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel); Norepinephrine serotonin reuptake inhibitors (NSRIs); Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Milnacipran (Savella).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Savella Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work injury and is being treated for left knee pain, right hip pain and fibromyalgia. When seen, there was a 50-70% improvement after starting Savella including improved mood. Physical examination findings included a BMI of over 34. There was right greater trochanteric bursa tenderness. Topical non-steroidal anti-inflammatory medication was being prescribed due to a history of a gastric bypass. She had been able to discontinue tramadol. Her Savella dose was increased and rheumatology follow-up was requested. Savella (milnacipran) is a selective serotonin and norepinephrine reuptake inhibitor. It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. Dosing is up to 200 mg per day. In this case, the claimant is being treated for fibromyalgia and the dosing is within that recommended. A rheumatologist is involved in her care. No other medications for fibromyalgia are being prescribed. The request was medically necessary.