

Case Number:	CM15-0144886		
Date Assigned:	08/05/2015	Date of Injury:	04/13/1996
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 54 year old female with an April 13, 1996 date of injury. A handwritten progress note dated June 26, 2015 documents subjective complaints (had a horrible month, very painful; couldn't open or close hands; neck and right shoulder painful), and current diagnoses (myofascial pain). Portions of the progress note were difficult to decipher. A progress note dated May 18, 2015 documented objective findings (mild flexion and contracture; tightness at the right hamstring; inversion posture of the right foot with slight plantar flexion; mild to moderate degree of spasticity in the right upper extremity; marked amount of tenderness along the fibromyalgia tender points, but especially over the iliac crest and gluteal musculature; tenderness to palpation over the L4-L5 and L5-S1 midline; myofascial hardening in the mid-cervical extensor muscles bilaterally). Treatments to date have included medications. The treating physician documented a plan of care that included Savella 50mg #60 and Nuedexta 10-20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Milnacipran (Savella).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milnacipran (Savella®)(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>Alignment).

Decision rationale: Milnacipran (Savella) is a serotonin/norepinephrine reuptake inhibitor (SNRI) used in the clinical treatment of fibromyalgia. According to ODG guidelines, Savella is "Under study as a treatment for fibromyalgia syndrome. An FDA Phase III study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. Milnacipran has been approved for the treatment of depression outside of the U.S. and is a dual serotonin and norepinephrine-reuptake inhibitor (SNRI)." (Rooks, 2007) There is no clinical evidence that the patient suffered from fibromyalgia. Furthermore, there is no objective documentation of the efficacy of previous use of the medication. Therefore, the prescription for Savella 50mg #60 is not medically necessary.

Nuedexta 10/20mg #30 cervical/lumbar spine: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cruz, M. P. (2013). "Nuedexta for the treatment of pseudobulbar affect: a condition of involuntary crying or laughing." P T 38(6): 325-328.

Decision rationale: Neudexta is indicated to treat pseudobulbar affect in patients with amyotrophic lateral sclerosis. In this case, there is no documentation that the patient has amyotrophic lateral sclerosis or pseudobulbar affect. In addition, there is no documentation of functional improvement from the previous use of the medication. Therefore, the request for Neudexta 10/20mg #30 is not medically necessary.