

Case Number:	CM15-0195223		
Date Assigned:	10/09/2015	Date of Injury:	10/16/1985
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 1985. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Savella and Lorazepam (Ativan). The claims administrator referenced a June 16, 2015 office visit and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was asked to pursue a six-month gym and pool membership, Savella, and 12 sessions of massage therapy. The attending provider contended that the applicant was using Savella for chronic pain purposes while omeprazole was being employed for GI irritation. The applicant had reportedly been granted a disability retirement, the treating provider contended, but then stated that the applicant found alternate work at a rate of 16 hours a week at an unspecified role in a hospice facility. On June 16, 2015, the applicant was given a refill of Ativan for anxiety. The applicant was reportedly using Ativan twice daily for anxiolytic effect. The applicant was using Savella for issues with anxiety, irritability, and pain, the treating provider. The applicant had apparently found alternate work at a rate of 16 hours a week elsewhere. The attending provider then stated in another section of the note that Savella was being employed for chronic pain and mood disturbance purposes. Additional massage therapy was sought. The note was difficult to follow and mingled historical issues with current issues to a considerable degree.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Milnacipran.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Food and Drug Administration, indications and usage; SavellaTM is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia (1).

Decision rationale: No, the request for Savella, an SNRI agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) notes that Savella is indicated in the management of fibromyalgia, here, however, there was no mention of the applicant's carrying a diagnosis of fibromyalgia on the date in question, June 16, 2015. Rather, the attending provider stated that the applicant was using Savella for anxiety, irritability, depression, and chronic neck pain purposes. Usage of Savella, here, thus, amounted to usage of Savella for a non-FDA labeled role. The attending provider failed to furnish a clear or compelling for selection of this particular agent in the face of the unfavorable FDA position on the same in the clinical context present here. Therefore, the request was not medically necessary.

Lorazepam 0.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam (Ativan) may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the renewal request for 180 tablets of lorazepam implied chronic, long-term, and multiple times daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.