

Case Number:	CM15-0199875		
Date Assigned:	10/15/2015	Date of Injury:	01/27/2014
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 33 year old female, who sustained an industrial injury on 1-27-14. The injured worker was diagnosed as having cervical strain, myofascial pain syndrome, right rotator cuff syndrome and thoracic strain. Subjective findings (6-18-15, 8-4-15, 8-25-15, 9-2-15) indicated right shoulder pain especially with overhead action and pain in the cervical and thoracic spine. Objective findings (6-18-15, 8-4-15, 8-25-15, 9-2-15) revealed decreased strength of right shoulder by 10% in all planes and positive right shoulder impingement. As of the PR2 dated 9-16-15, the injured worker reports increased pain in her neck and right shoulder. Acupuncture was ordered but has not been authorized. Objective findings include decreased strength of right shoulder by 10% in all planes. The treating physician recommended starting Savella. Treatment to date has included a right shoulder MRI on 8-12-15; ultrasound guided cervical injections on 8-25-15, physical therapy to the neck and right shoulder starting on 6-10-15 and 8-14-15, Naprosyn, Omeprazole, Flexeril, Neurontin and Methoderm gel. The Utilization Review dated 9-28-15, non-certified the request for Savella 12.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 12.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Milnacipran (Ixel).

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

Decision rationale: Savella is a SNRI medication used to treat fibromyalgia. There is no documentation of a discussion of efficacy or side effects nor is there a diagnosis of fibromyalgia. The records do not support the medical necessity of savella, therefore is not medically necessary.