

<b>Case Number:</b>	CM15-0203603		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
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 66 year old male who sustained an industrial injury on 10-14-10. A review of the medical records indicates he is undergoing treatment for myofascial pain syndrome, lumbar spine strain, and bilateral lumbosacral radiculopathy. Medical records (9-8-15) indicate that the injured worker "continues" to have pain in the thoracic and lumbar spine with numbness to bilateral legs. The physical exam reveals decreased range of motion in the "back" by "10% in all planes". Decreased sensation is noted in bilateral feet. Spasm is noted of the lumbar paraspinals. The straight leg raise test is negative. Diagnostic studies have included MRIs of the thoracic and lumbar spine, as well as an EMG-NCV study of bilateral lower extremities. Treatment has included medications, an epidural steroid injection, and physical therapy. His medications include Omeprazole, Flexeril, Neurontin, Savella, Voltaren XR, Methoderm, and Lyrica. He is not working. The utilization review (9-21-15) includes a request for authorization of Savella, which was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Savella (unknown dosage and quantity): 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) - Savella.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Savella.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Savella (unknown dose and quantity) is not medically necessary. Savella is not recommended for chronic pain. An FDA phase III study demonstrated significant therapeutic effects for treatment of fibromyalgia syndrome. For additional details see the guidelines. In this case, the injured worker's working diagnoses are myofascial pain syndrome; lumbar spine strain; and lumbosacral radiculopathy. Date of injury is October 14, 2010. Request for authorization is September 8, 2015. According to a September 8, 2015 progress note, the treatment plan contains a check the box format for the prescription Savella. Savella comes into strengths: 12.5 mg and 25 mg. The treating provider did not indicate what strength was to be prescribed. The quantity is not documented. The guidelines do not recommend Savella for chronic pain. The injury is five years old. There is no documentation of fibromyalgia. The documentation is largely illegible. According to a September 8, 2015 progress note, subjectively the injured worker has pain in the thoracic and lumbar spine with numbness in the legs. Objectively, there is decreased range of motion by 10%. The remainder of the note is illegible. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non- recommendations for chronic pain, no clinical indication or rationale for Savella and no quantity or dose specified in the progress note documentation, Savella (unknown dose and quantity) is not medically necessary.