

Case Number:	CM15-0023490		
Date Assigned:	02/13/2015	Date of Injury:	09/14/1994
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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 56 year old female, who sustained an industrial injury on 09/14/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar spine sprain/strain, lumbar musculoligamentous injury, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine chronic pain syndrome, and lumbar spine surgery times two. Treatment to date has included medication regimen, home exercise program, and above listed surgeries. In a progress note dated 11/07/2014 the treating provider reports of constant, sharp, to dull pain to the lumbar spine radiating to the lower extremities with numbness and tingling. The pain is rated a seven out of ten. The treating physician requested the medication of Savella but the documentation did not indicate the reason for this requested medication. On 01/14/2015 Utilization Review non-certified the requested treatment of Savella 50mg with a quantity of 60, noting the Official Disability Guidelines, Pain Chapter, updated 07/10/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Savella) Page(s): 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Updated 7/10/14); Milnacipran (Savella)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Savella

Decision rationale: Pursuant to the Official Disability Guidelines, Savella 50 mg #60 is not medically necessary. The guidelines do not recommend Savella for chronic pain. Savella is FDA approved for treatment of fibromyalgia syndrome. Outside of [REDACTED], Savella is approved for treatment of depression. In this case, the injured worker's working diagnoses are lumbar spine strain; lumbar musculoligamentous injury; lumbar spine disc disease; lumbar spine radiculopathy; lumbar spine chronic pain syndrome; and lumbar spine surgery times 2. Savella is not indicated for chronic pain. Savella is indicated for fibromyalgia. The injured worker's fibromyalgia is not work related. There is no documentation of a causal relationship between fibromyalgia and the work injury. Consequently, the guidelines do not support Savella in the use of chronic pain and, as a result, Savella 50 mg #60 is not medically necessary.