

Case Number:	CM14-0138933		
Date Assigned:	09/05/2014	Date of Injury:	01/12/2010
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year-old patient sustained an injury on 1/12/10 from pushing carts while employed by [REDACTED]. Request(s) under consideration include Savella 100mg #60. Diagnoses include cervical radiculopathy. There is no surgical history. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/15/14 from the provider noted the patient with ongoing chronic neck pain. Medications list Theramine and Savella providing relief. No objective exam provided. Previous exam of 4/11/14 noted no motor strength loss and no change in reflex. Treatment include continued Savella. The request(s) for Savella 100mg #60 was non-certified on 5/1/14 previously and again on 8/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 100mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 99.

Decision rationale: This 55 year-old patient sustained an injury on 1/12/10 from pushing carts while employed by [REDACTED]. Request(s) under consideration include Savella 100mg #60. Diagnoses include cervical radiculopathy. There is no surgical history. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/15/14 from the provider noted the patient with ongoing chronic neck pain. Medications list Theramine and Savella providing relief. No objective exam provided. Previous exam of 4/11/14 noted no motor strength loss and no change in reflex. Treatment include continued Savella. The request(s) for Savella 100mg #60 was non-certified on 5/1/14 previously and again on 8/25/14. Orthopedic QME of 11/1/13 noted "For her cervical strain, shoulder strain, elbow strain, wrist strain, and scapular pain, she would receive 0% whole person impairment according to the AMA Guides to the Evaluation of Permanent Impairment, 5th edition. She does have range of motion limitation to her right shoulder, however, her exam is limited by allodynia and submaximal effort." There is psychological QME report dated 3/14/14 noting per record review, evaluation and psychological testing, the patient does not meet the preponderance criteria for an injury to the psyche secondary to physical injuries described. Milnacipran hydrochloride (brand name Savella) is a selective norepinephrine and serotonin reuptake inhibitor under study for indication of the management of fibromyalgia. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings, or ADLs limitations to support the use of Savella under the patient's listed diagnoses of musculoskeletal strain without permanent impairment per orthopedic QME or psychological injury per psyche QME. The Savella 100mg #60 is not medically necessary and appropriate.