

Case Number:	CM14-0171257		
Date Assigned:	10/23/2014	Date of Injury:	03/03/2002
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine and is licensed to practice in Occupational Medicine. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and shoulder pain reportedly associated with an industrial injury of March 3, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; earlier shoulder surgery; psychotropic medications; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 13, 2014, the claims administrator denied a request for Savella. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2014, the applicant reported ongoing complaints of low back pain and bilateral upper extremity pain, 8/10. The applicant reported ancillary complaints of depression, anxiety, and paresthesias. The applicant also had issues with hepatitis C and liver dysfunction. The attending provider complained that previous denials of Prozac had caused significant increases in anxiety and diminished the applicant's activity level. The applicant was asked to continue gabapentin at a diminished dosage. Butrans patches were sought. The applicant was asked to employ Savella on a trial basis for pain related anxiety and chronic back pain purposes, it was acknowledged. The attending provider suggested that the applicant employ Savella as an alternative to Cymbalta, given the applicant issues with liver dysfunction. The stated diagnoses included chronic pain syndrome, adhesive capsulitis, cervical radiculopathy, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 12.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web) , 2014, Pain- Milnacipran (Savella)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Savella Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Savella usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), notes that Savella is indicated in the management of fibromyalgia. In this case, however, it appeared that the attending provider was intent on employing Savella for chronic low back and neck pain purposes and/or depressive issues. Savella is not, however, FDA labeled for issues other than fibromyalgia and is not specifically endorsed by the FDA for depression and anxiety, two of the purposes for which the attending provider was seeking to employ it here. While the attending provider's commentary to the effect that the applicant's hepatitis is limiting medication choice is duly noted, the attending provider has not clearly outlined why, how, and/or if Savella is superior to other medications which the applicant is already employing in this regard, such as gabapentin, nor has the attending provider furnished any compelling medical evidence which would offset the unfavorable FDA position on usage of Savella for depression/anxiety purposes and/or for non-fibromyalgia purposes. Therefore, the request is not medically necessary.