

Case Number:	CM14-0092592		
Date Assigned:	07/25/2014	Date of Injury:	03/17/2013
Decision Date:	09/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records, this is a 60-year-old female with a 3/17/13 date of injury. At the time (6/18/14) of request for authorization for Savella 50 mg #60, there is documentation of subjective complaint of pain rated at 6/10, pain located to the right arm, forearm, and shoulder, pain radiates to the right shoulder, there is associated crepitus, decreased mobility, and joint tenderness. The objective findings revealed right shoulder severe pain with motion, pain with internal rotation; and trigger finger left middle finger. Current diagnoses included acute shoulder pain, fibromyalgia, and muscle pain. The treatment to date includes medications (including Savella since at least 3/14). The 6/3/14 medical report identifies that the patient tried Savella for about 2 weeks and did not tolerate it. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Savella use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for chronic pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Milnacipran (Ixel) Page(s): 62.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Milnacipran is under study as a treatment for fibromyalgia syndrome. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of acute shoulder pain, fibromyalgia, and muscle pain. However, given documentation that the patient tried Savella for about 2 weeks and did not tolerate it, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Savella use to date. Therefore, based on guidelines and a review of the evidence, the request for Savella 50 mg #60 is not medically necessary.