MAXIMUS Federal Services

Case Number:	CM15-0118715		
Date Assigned:	06/29/2015	Date of Injury:	01/05/1994
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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 63 year old male, who sustained an industrial injury on 1/05/1994. He reported being pinned to a truck with a propane tank. The injured worker was diagnosed as having post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, and lumbar radiculopathy. Treatment to date has included diagnostics, lumbar spinal surgeries in 1994 and 1996 (with resultant right foot drop), physical therapy, home exercise program, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of pain, rated 6/10 with medications and 10/10 without. His quality of sleep was poor. His activity level was decreased. Medications included Savella, Hydrocodone/Acetaminophen, Aspirin, Clonazepam, Desperamine, Niaspan, and Simvastatin. The use of Savella was noted since at least 11/2013, for neuropathic pain. His work status was permanent and stationary and he was not working. The treatment plan included refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 be Official Disability Guidelines, Savella 50 mg #60 with one refill is not recommended. Savella is not recommended for chronic pain. An FDA study demonstrated "significant therapeutic effects" for treatment of fibromyalgia syndrome. The FDA has now approved Savella for management of fibromyalgia. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; spinal/lumbar DDD; lumbar radiculopathy. The date of injury is January 5, 2014. The request for authorization is dated June 2, 2015. Progress note dated May 29, 2015 subjectively states the injured worker has ongoing low back pain 6/10. Objectively, there is tenderness to palpation with decreased range of motion of the lumbar spine. The earliest progress note containing Savella is dated October 14, 2014. The most recent progress note dated May 29, 2015 shows ongoing Savella 50 mg. Savella is not recommended for chronic pain. An FDA study demonstrated "significant therapeutic effects" for treatment of fibromyalgia syndrome. There is no clinical indication or rationale for Savella in the medical record. Consequently, absent guideline recommendations for Savella in the absence of fibromyalgia, Savella 50 mg #60 with one refill is not medically necessary.