

Case Number:	CM15-0071300		
Date Assigned:	04/21/2015	Date of Injury:	09/27/2000
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female, who sustained an industrial injury on September 27, 2000. She has reported headache, wrist pain, and neck pain. Diagnoses have included bilateral De Quervain's syndrome, cervicobrachial syndrome, unstable cervical intervertebral motor units, carpal tunnel syndrome, cervical facet arthropathy, depression, and anxiety. Treatment to date has included medications, carpal tunnel release, bilateral arm surgeries, left shoulder surgery, cognitive behavioral therapy, exercise, psychotherapy, and imaging studies. A progress note dated March 17, 2015 indicates a chief complaint of right wrist pain, neck pain, and headache. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-15. Decision based on Non-MTUS Citation Savella Prescribing Information.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic upper extremity pain including a diagnosis of CRPS. When seen, Savella was being prescribed with a 50% decrease in symptoms. Savella (milnacipran) is a selective serotonin and norepinephrine reuptake inhibitor. It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. Dosing is up to 200 mg per day. In this case, the claimant is being treated for neuropathic pain with medications including Lyrica and Topamax with incomplete response. The requested dose is within that recommended and therefore medically necessary.