

Case Number:	CM15-0072937		
Date Assigned:	04/23/2015	Date of Injury:	03/10/2011
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on March 10, 2011. He has reported ongoing back pain and has been diagnosed with back pain, history of lumbar sprain/strain, degenerative joint disease, facet arthrosis, disc herniation, multiple fractures in the left thorax with intercostal neuralgia and costochondritis, cervical sprain/strain with severe underlying spondylosis and chronic neck pain and headaches, history of left shoulder girdle sprain/strain with signs of rotator cuff tear and chronic tendinopathy, history of cubital syndrome, left elbow, and triggering of the long finger, right hand, 3rd digit. Treatment has included medications and medical imaging. Currently the injured worker had limited range of neck motion and the lower back revealed limited motion. The left shoulder revealed limited range in all planes with positive crepitus on circumduction. The left elbow revealed a positive Tinell's sign at the ulnar groove. The treatment request included Savella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella tab, 50 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Milnacipran (Savella).

Decision rationale: The patient presents with ongoing back pain. The request is for SAVELLA TAB, 50MG, THIRTY COUNT. The provided RFA is dated 03/17/15 and the date of injury is 03/10/11. The diagnoses include back pain, history of lumbar sprain/strain, degenerative joint disease, facet arthrosis, disc herniation, multiple fractures in the left thorax with intercostal neuralgia and costochondritis, cervical sprain/strain with severe underlying spondylosis and chronic neck pain and headaches, history of left shoulder girdle sprain/strain with signs of rotator cuff tear and chronic tendinopathy, history of cubital syndrome, left elbow, and triggering of the long finger, right hand, 3rd digit. Per 03/12/15 report, physical examination of the lumbar spine revealed limited range of motion, especially on extension, 5 degrees. There is positive straight leg raise test, bilaterally. Treatment has included medications and medical imaging. Current medications include Savella, Norco, Ambien, Flexeril Opana ER, Topamax, Mobic, Senokot and Colace. The patient is temporarily totally disabled. Regarding Milnacipran Savella, ODG states FDA has now approved milnacipran for the management of fibromyalgia. As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan. Per provided medical reports, Savella was prescribed to the patient "for headaches prophylaxis" at least since 09/30/14. ODG guidelines indicate that Savella is an appropriate medication in those patients with a diagnosis of fibromyalgia as part of an appropriate treatment plan. This patient suffers from ongoing back pain and headaches but does not present with fibromyalgia. Therefore, the request IS NOT medically necessary.