

Notice of Independent Medical Review Determination

Dated: **12/5/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 2/29/2008
IMR Application Received: 8/13/2013
MAXIMUS Case Number: CM13-0010702

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lodine 300mg #15 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Savella 12.5mg #30 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Lodine 300mg #15** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Savella 12.5mg #30** is **not medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant sustained a low back injury on 2/29/2008 while lifting heavy boxes. Diagnoses include lumbar sprain/strain and lumbar radiculitis. She has undergone therapy with medical therapy, topical therapy and a home exercise program. Her treating provider has requested medical therapy with Lodine 300mg and Savella 12.5 mg.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Lodine 300 mg #15:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California anti-inflammatory, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-70, which is part of MTUS.

Rationale for the Decision:

The review of the medical documentation indicates the employee requires Lodine therapy to treat a chronic pain condition. NSAIDs such as Lodine are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs in chronic low back pain. There are no reports in the employee's medical documentation of GI intolerance to Lodine therapy. Because the employee has had chronic low back pain, medical necessity is established for Lodine at this time. **The request for Lodine 300 mg quantity 15 is medically necessary and appropriate.**

2) Regarding the request for Savella 12.5 mg quantity 30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California anti-inflammatory, which is part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medscape Internal Medicine: Savella, 2012.

Rationale for the Decision:

The requested medication Savella is not medically indicated for the treatment of the claimant's chronic low back pain condition. Per Medscape Internal Medicine, Savella is a serotonin-norepinephrine reuptake inhibitor FDA approved only for the clinical treatment of fibromyalgia. The medication is not indicated for the treatment of major depression or chronic pain. **The request for Savella 12.5 mg quantity 30 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.