MAXIMUS Federal Services

Case Number:	CM13-0045639		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2007
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disabiliy Evaluation and is licensed to practice in California, Washington DC, Maryland and Florida. 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 physician 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:

The patient is a 58-year-old female who injured her neck, mid back and low back in 2002. Her low back symptoms resolved. However, in 2006 she sustained another low back injury. She was treated conservatively and this resolved. In 2007, the patient had another injury to her back. The patient was treated conservatively, was off work for some period and was released without an operation. She was released to regular duty. She also relates that she has pain in her bilateral knees and has been diagnosed with arthritis. She reportedly had a knee arthroscopy in August 2007 on the right knee. At her April visit with [redacted], she noted that she had pain in the low back all the time. She rated her pain as 10 out of 10. There is no radicular pain. She uses a heating pad for the back pain. She currently takes hydrocodone/acetaminophen 7.5/750mg every eight (8) hours and naproxen 500mg three (3) times per day (TID) for her pain. On physical examination, she is moderately obese. She has a slight tenderness in the right and left L1 and L5 areas. Her motor strength is five (5) out of five (5) and symmetrical in all muscle groups of the lower extremities. Sensation is intact throughout all dermatomes. Deep tendon reflexes at the knee and ankle are symmetrically active. She has limited mobility of the spine but this was not quantified. Her x-rays revealed L2 to L3 spondylolisthesis and stenosis at L2 to L3. An MRI was done September 19, 2008 and showed multilevel degenerative changes but no spinal stenosis. She had a repeat MRI in August 2012, which showed anterolisthesis of L2 on L3 as well as multilevel degenerative disc disease and spondylosis without stenosis. At the January visit with [redacted], the patient continued to complain of low back pain. [redacted] opined that the patient had spondylolisthesis at L2-3. He also states that she has a history of surgery but no back procedures are documented and we have no record of a spinal procedure. The patient did have a right knee replacement in November 2012. There was a previous request for a right knee surgical

poly-revision and three-day hospital stay. Per the September 3, 2013 report, [redacted] noted that the patient continued with pain and feelings of instability. Exam shows a little effusion. There was a varus and valgus laxity with a solid endpoint, at 10 degrees of flexion proceeding on up to about 70 degrees of flexion. There was an audible noise created by the polyethylene making contact with the metallic femur; this motion, she says, exactly reconstitutes her pain. The assessment was a varus-valgus laxity of right total knee arthroplasty and the plan: revision of the polyethylene insert to decrease laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for #60 Mirapex 0.125mg, with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Restless legs syndrome (RLS).

Decision rationale: It appears the patient received this prescription for a non-industrial illness from her primary care physician for treatment of restless leg syndrome, a diagnosis that was not documented in the medical records provided for review. These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema. Therefore, the request for Mirapex 0.125mg is not medically necessary.