MAXIMUS Federal Services

Case Number:	CM14-0009869		
Date Assigned:	04/09/2014	Date of Injury:	10/05/1996
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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 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 an employee of [redacted] and has submitted a claim for knee pain, left shoulder pain, right ankle pain, and restless leg syndrome associated with an industrial injury date of 10/05/1996. Treatment to date has included right ankle sural neurectomy on August 2009, left knee arthroscopy on 2003 and 2000, right ankle intraarticular injection, and medications including Mirapex, Pamelor, Oxycontin, and Neurontin. The patient is an employee of [redacted] and has submitted a claim for knee pain, left shoulder pain, right ankle pain, and restless leg syndrome associated with an industrial injury date of 10/05/1996. Treatment to date has included right ankle sural neurectomy on August 2009, left knee arthroscopy on 2003 and 2000, right ankle intraarticular injection, and medications including Mirapex, Pamelor, Oxycontin, and Neurontin. Utilization review from 01/02/2014 denied the request for Mirapex 0.125mg x 60. Reasons for denial were not made available. Medical records from 2012 to 2013 were reviewed showing that patient complained of chronic bilateral knee and left shoulder pain associated with stiffness. Patient was noted to have restless leg syndrome since 2012, more severe in right foot. Pain was present unless she moved around. Pramipexole was given since 03/23/2011 and noted as trial use only. Physical examination showed no lower extremity edema, no clubbing, cyanosis or edema. Range of motion was cited as "ok". Objective findings documented in 04/23/2012 showed swelling and deformity at the left ankle with congestion of toes, especially the second digit which was likewise tender. Capillary refill time was slow. Pulses were weak at the popliteal, ankle, and foot. There was no calf tenderness. Lower Extremity Arterial Ankle Brachial Study, dated 04/24/2012, revealed mildly reduced ankle brachial index in the toes bilaterally, but otherwise normal throughout the legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR MIRAPEX 0.125MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/mirapex.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration

Decision rationale: According to the Food and Drug Administration, Pramipexole (Mirapex) is a dopaminergic antiparkinsonism agent, which can also treat restless leg syndrome. In this case, patient has been diagnosed with restless leg syndrome since March 2011 and Mirapex was cited as for trial use only. Recent progress reports submitted and reviewed do not indicate any subjective complaints, as well as objective findings, that corroborate continued necessity for this medication. In addition, since the patient started this medication since 2011, there is no evidence of any functional improvement or symptom relief attributed to its usage. Therefore, the request for prescription for Mirapex 0.125mg, #60 is not medically necessary and appropriate.