

Case Number:	CM14-0175290		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	12/15/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 68-year-old female with an 11/12/01 date of injury. According to a progress report dated 9/16/14, the patient presented for a post-operative appointment of the right knee. The patient was status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posteriolateral corner surgery, subchondroplasty, lateral release on 9/5/14. Objective findings: right knee swelling, minimal calf tenderness. Diagnostic impression: status post right knee arthroscopy, meniscus and cartilage surgery, patellofemoral surgery, posteriolateral corner surgery, subchondroplasty, lateral release; myofascial pain with acute cervical spasm, cervicgia; cervical degenerative disc disease (status post cervical fusion); cervicogenic headaches. Treatment to date: medication management, activity modification, trigger point injections, TENS unit, physical therapy. A UR decision dated 9/29/14 denied the request for Mirapex ER. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex ER 1.5mg 1 P O Q HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boehringer-Ingelheim (September 2004):
Mirapex

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation FDA (Mirapex ER)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Mirapex ER tablets are indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease. However, in the medical records provided for review, there is no documentation that this patient has symptoms or a diagnosis of Parkinson's disease. A specific rationale as to why this patient requires this medication was not provided. Therefore, the request for Mirapex ER 1.5mg 1 P O Q HS #30 is not medically necessary.