

<b>Case Number:</b>	CM14-0176391		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 neurology, has a subspecialty in pain Medicine and is licensed to practice in 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 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 3/26/14 MRI of lumbar spine reports postoperative changes with no spinal stenosis. There is small disc protrusion at L2-3 level to the left. 7/30/2014 note indicates low back pain with history of laminectomy fusion. There is reported pain in the back and right leg. There is pain with sitting, standing and walking. Examination notes bilateral leg pain with spasm. There is reported involuntary twitching of the legs visible on examination. Mirapex was requested for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirapex 0.5 mg tablets, ninety 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 Other Medical Treatment Guideline or Medical Evidence: AASM Updates Treatment Guidelines for Restless Legs Syndrome and Periodic Limb Movement Disorder -2013. Pramipexole (Mirapex) and ropinirole (Requip) should be used to treat patients with moderate to severe RLS. They are typically well tolerated, and adverse effects

(e.g., nausea, somnolence, and nasopharyngitis with pramipexole; nausea and vomiting, headache, dizziness, and somnolence with ropinirole) ar

**Decision rationale:** The medical records provided for review do not document a medical history or physical exam findings consistent with restless leg syndrome or Parkinson's disease. Treatment guidelines support Mirapex for restless leg syndrome or Parkinson's disease. As such the medical records do not support treatment with Mirapex. The request is not medically necessary.