

Case Number:	CM14-0192272		
Date Assigned:	11/25/2014	Date of Injury:	11/12/2001
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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 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 68 year-old female with a date of injury of 11/12/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2014, lists subjective complaints as pain in the neck. PR-2 submitted for review was handwritten and illegible. Objective findings: No physical examination findings were documented by the provider. The diagnosis includes status post cervical fusion; cervical radiculitis; right knee pain; and chronic myofascial pain. The medial records supplied for review document that that the patient has been taking Mirapex ER 1.5mg SIG 1 tab QHS for at least as far back as three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex ER 1.5mg: 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 (Pramipexole)

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: Mirapex Full Prescribing Information; Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA

Decision rationale: According to the medical evidence cited above, Miraprex is a non-ergot dopamine agonist indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease and moderate-to-severe primary Restless Legs Syndrome. There is no documentation that the patient has been diagnosed with a work-related condition listed above. Therefore, Mirapex ER 1.5mg is not medically necessary.