

Case Number:	CM14-0194074		
Date Assigned:	12/01/2014	Date of Injury:	11/18/2009
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This 44 year old injured worker sustained injury to her back in a slip and fall on 11/18/2009 while at work. In the encounter of 11/04/2014, the treating physician notes the injured worker to have a history of a lumbar hemilaminectomy, decompression of nerve roots, and partial facetectomy and /or disc removal on 12/17 2012, and a re-do of the surgery again on 12/17/2013. According to the utilization review letter of 11/13/2014, follow up X-rays of the lumbar spine were done 05/13/2014 and showed no post-operative complication. On the encounter of 11/04/2014 the injured worker complained of increased back pain and tightness in the left leg. She was having some intestinal pain and an increase in depression. The assessment was lumbosacral radiculitis, and the plan was to have x-rays of the lumbar spine, AP and lateral, and follow up with an order for physical therapy. The primary care physician was to follow-up on the intestinal complaints and depression. Provider notes on 11/07/2014 record that the injured worker was seen for severe exacerbation of pain unresponsive to medications. The injured worker was also having difficulty sleeping, an exacerbation of depression, and difficulty focusing. In the notes of 11/07/2014, it is recorded that the injured worker felt Mirapex was no longer effective. Her diagnoses at the 11/07/2014 exam included post lumbar laminectomy and major depression. The treatment plan was for a psychological evaluation scheduled for 11/16/2014, and a trial of a spinal cord stimulator. On examination, the injured worker had tenderness to palpation over the sacroiliac joint and piriformis muscle on flexion and tenderness to palpation on flexion of the lumbar spine. The treatment plan also included oral pain medication with an increase in Mirapex to 0.75 at bedtime, Opana ER 10 mg at bedtime, and Lexapro 20 mg daily. A request for authorization was made on 11/07/2014 for of Mirapex 0.75 #30 with three refills, Opama ER 10mg # 30 tablets, and Percocet 10/325 mg #180 between 11/10/2014 and 12/25/2014. Neither the Official Disability Guidelines (ODG) - Treatment in

Workers Compensation (TWC) nor the California Medical Treatment Utilization Schedule addresses Primipexole. The website: <http://www.ncbi.nlm.nih.gov/pubmedhealth> was referenced. California Medical Treatment Utilization Schedule (CA-MTUS) 2009, Chronic pain was cited to address maintaining or changing drug combinations. It was also noted that there was no documentation of a rationale for the requested medication, and the injured worker's diagnoses did not include Parkinson's disease or restless leg syndrome. The documentation also failed to provide evidence of functional improvement with use of the requested medication. For the Opana, and for the Percocet, the CA-MTUS guidelines for opioids were cited. It was also noted that there was an absence of an objective increase in function and decrease in pain with use of the requested medication. The UR review certified 20 tablets of Mirapex 0.75 with three refills, 30 tablets of Opana ER 10 mg, and 180 tablets of Percocet 10/325. The request was partially-certified for 15 tablets of Opana ER 10 mg to allow for reassessment and 90 tablets of Percocet 10/325 to allow for weaning. The last treating physician narrative states that this patient has "jumping legs" and the current dose of Mirapex was not working so an increased dose to .75mg is to be trialed. The same narrative also states that a trial of Opana is to be initiated due to poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Opana ER 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

Decision rationale: MTUS Guidelines allow for adjusting of opioids if there has been some pain relief, but the current level of pain has worsened. Adding Opana 10mg, a long acting opioid, is consistent with Guidelines; therefore, this request is medically necessary.

30 Tablets of Mirapex 0.75mg With 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT001806>, Pramipexol

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mirapex.html>

Decision rationale: MTUS and Official Disability Guidelines (ODG) do not address this issue. Mirapax has Food and Drug Administration (FDA) approval for the treatment of Parkinson's and Restless leg syndrome. The treating physician documents restless leg syndrome that, until recently, has been successfully treated with Mirapax. An increased dosage is consistent with recommended dosing; therefore, this request is medically necessary.

