

Case Number:	CM14-0201378		
Date Assigned:	12/11/2014	Date of Injury:	11/02/2000
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 sustained an injury on November 2, 2000. The medical letter dated 11/07/14 documented that the patient was suffering from an intractable chronic pain condition which resulted from a work-related injury. The patient reported that the pain was controlled to some extent where the patient was able to function as well as have some improvement in the activities of daily living and of the mood after taking the medications. The patient reported no side effect from the medications as well as any aberrant behavior. The patient also denied any alcohol or illicit drug use. The provider discussed different options including a spinal cord stimulator trial and implant if it would control the pain to, hopefully, decrease and discontinue the current medications in the future. As the patient had reported good pain control from the current medications as well as increased physical activity movement and improvement in activities of daily living as well as mood and sleep, the provider strongly recommended continuing the current medications without any change at this point. In the future once the patient's pain was controlled with some other options, the provider would try to decrease and discontinue the pain medications. The patient was diagnosed with lumbar radiculopathy. The current medications included Mirapex 0.75 mg and Oxycodone. The progress report dated October 9, 2014 documented a history of lumbar spine surgeries in 2001 and 2002. Physical examination demonstrated a lumbar tenderness. Diagnoses included lumbar spine stenosis, facet arthropathy, and radiculopathy. Current medication included a prescription for Mirapex. The treatment plan included a prescription for Celebrex and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex 0.75mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/18577955>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Mirapex (Pramipexole). FDA Prescribing Information Mirapex (Pramipexole)
<http://www.drugs.com/monograph/mirapex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Mirapex (Pramipexole). FDA Prescribing Information documents that Mirapex (Pramipexole) is indicated for the management of Parkinsonian syndrome and the management of moderate-to-severe primary restless legs syndrome. The progress report dated October 9, 2014 documented a history of lumbar spine surgeries in 2001 and 2002. Request for authorization (RFA) for Mirapex was dated November 7, 2014. The 10/9/14 progress report does not document a diagnosis of Parkinsonian syndrome or restless legs syndrome. Per FDA guidelines, Mirapex is indicated for Parkinsonian syndrome and moderate-to-severe primary restless legs syndrome. Because these diagnoses were not documented, the request for Mirapex is not supported. Therefore, the request for Mirapex 0.75mg #30 with 2 refills is not medically necessary.