

Case Number:	CM15-0007405		
Date Assigned:	01/22/2015	Date of Injury:	07/18/1978
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: Family Practice

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 an 82 year old man who was injured at work on 7/18/1978. The injury was primarily to his back. He is requesting review of denial for the use of Mirapex for the treatment of restless leg syndrome. Medical records available for review corroborate ongoing care for his injuries. His chronic diagnoses include: Lumbago, Status Post Lumbar Laminectomy, Status Post Cerebrovascular Accident and Restless Leg Syndrome. On an office visit on 10/27/2014 he was given a prescription of Mirapex. In the Utilization Review Process the Official Disability Guidelines were quoted as the rationale for denial. Specifically, Mirapex is not considered a first line agent and further with its use there must be ongoing monitoring to assess for its impact on functional outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex 0.125mg tab qd #120 with 2 refill: 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), Knee & Leg Chapter (Acute & Chronic), Restless legs syndrome (RLS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The Official Disability Guidelines comment on the treatment of restless leg syndrome. These guidelines state the following: Diagnostic Criteria: There are four essential criteria. (1) An urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move/unpleasant sensations become worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move/unpleasant sensations (at least as long as the movement continues). (4) The urge to move/unpleasant sensations are generally worse at night, or only occur at night. Supportive Clinical Features: (1) Positive family history (more than 50% of patients). (2) Response to dopaminergic therapy. (3) Periodic limb movements are reported in sleep (rhythmic extension of the big toe and dorsiflexion of the ankle, with occasional flexion of the knee and hip). These movements can also occur in individuals with narcolepsy, sleep apnea, other medical conditions, and in patients treated with various medications. Differential Diagnosis: (1) Positional discomfort; (2) Painful conditions: including peripheral neuropathy, arthritis, vascular problems including deep vein thrombosis and vascular intermittent claudication, and trauma & (3) Myelopathy. Treatment (Consensus Determined): There are no clear guidelines but the expert panel of the Medical Advisory Board of Restless Legs Syndrome Foundation has developed a treatment algorithm. Non-pharmacologic: (A) Avoid medications that provoke RLS. These include Dopamine-blocking agents (including neuroleptics), antiemetics, anti-nausea medications, gastrointestinal medications (such as metoclopramide), some sedatives and antihistamines. Antidepressants, and particularly serotonin reuptake blockers and tricyclics may aggravate RLS. (B) Improve sleep hygiene. (C) Encourage moderate exercise and avoid caffeine and alcohol as well as cigarettes. Pharmacologic: Intermittent symptoms: "As needed/PRN" medications are recommended including the following: (A) Levodopa with decarboxylase inhibitor: Sinemet (carbidopa with levodopa). Adverse effects include development of augmentation (see above). Dyskinesia and sporadic movements are common. Psychiatric disturbances and mental depression have been reported. Other adverse effects include adverse GI effects, elevated hepatic enzymes, and orthostatic hypotension; (B) Mild-to-moderate-strength opioids; (C) Sedative-hypnotics: Benzodiazepines such as Klonopin (clonazepam); (D) Dopamine agonists: Requip (ropinirole), Mirapex (pramipexole). These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. In this case, there is insufficient documentation provided as to the evidence that this patient has restless leg syndrome. Further, there is insufficient documentation that the patient has attempted adequate trials of non-pharmacologic therapy cited above. Finally, there is insufficient documentation that the patient has undergone an adequate trial of first line therapies for this condition. For these reasons, the use of Mirapex is not considered as medically necessary.