

<b>Case Number:</b>	CM15-0136339		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/18/1978
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is an 83 year old male with an industrial injury dated 07-18-1978. The injured worker's diagnosis includes backache. Treatment consisted of prescribed medications, assistive device and periodic follow up visits. In a progress note dated 10-27-2014, the treating physician reported that the injured worker symptoms are unchanged. The injured worker was no longer driving due to recent stroke. The injured worker still gets spasm of his lower extremities for which he takes Mirapex 0.25 mg twice a day. However, documentation noted that the spouse reported that it does not always provide relief. According to the most recent progress note dated 06-08-2015, the injured worker presented for a prescription refill of Mirapex for his occasional restless leg syndrome. Objective findings were not documented. The treating physician prescribed Mirapex 0.125mg #90 with 2 refills, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirapex 0.125mg #90 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.accessdata.fda.gov/drugsatfdadocs/label/2008/020667s014s017s018lbl.pdf> - Mirapex (R).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter (Acute & Chronic, updated 07/10/15), Restless legs syndrome (RLS).

**Decision rationale:** Mirapex is a drug used for treatment of restless legs syndrome. Per office notes, the injured worker has been taking Mirapex for spasms of the lower extremities. Per his wife, the current dosage of Mirapex does not always control symptoms. ODG provides the following diagnostic criteria for restless legs syndrome: "There are four essential criteria. (Allen, 2003) (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." The documented clinical information is insufficient to establish a diagnosis of restless legs syndrome. In addition, documentation of adequate response to treatment would be necessary to justify refills of this medication. Medical necessity is not established for the requested Mirapex.