Case Number:	CM15-0183216		
Date Assigned:	09/24/2015	Date of Injury:	05/11/2006
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 a 50 year old female who sustained an industrial injury on 5-11-06. She is currently working per 8-18-15 progress note. The medical records indicate that the injured worker is undergoing treatment for Cauda Equina Syndrome; post laminectomy syndrome, lumbar; coccyx fracture; post-concussive syndrome. She currently (8-18-15) presents with decreased pain in her left hip with a pain level of 1 out of 10, left leg (4 out of 10) and left foot (3 out of 10) but has increased weakness in her left knee. This weakness has caused her to fall on two occasions (8-11 or12-15 and 8-14-15) and the falls were preceded with vertigo and left knee weakness. Both times she landed on her hands and knees and on the 14th she hit her head. In addition she has achy, hot, sharp, shooting lumbar spine pain with a pain level of 7 out of 10. On physical exam (8-18-15) of the lower extremities, there was decreased sensation of the left knee and hip. In the 3-10-15 note the physical exam of the lower extremities notes decreased sensation over the L4, L5, and S1 dermatome. She has difficulty with navigating stairs, completing cooking activities, getting into and out of a bathtub-shower, hygiene, getting in and out of vehicle. She uses a cane for ambulation. Diagnostics included multiple diagnostic studies from 2005 to 2014. The electromyography-nerve conduction study (5-7-14) indicated L5-S1 lumbar radiculopathy pattern with active denervation and there was no peripheral neuropathy or entrapment disease. Treatments to date include left knee and left ankle brace; physical therapy; transcutaneous electrical nerve stimulator unit; heat treatment; epidural steroid injection; facet joint injection; anterior fusion with hardware revision and shattered disc removal (10-5-13); posterior fusion with hardware revision and shattered disc removal (9-22-13); fusion of L2

through S1 (2-21-12); revision of lumbar disc fusion (12-17-09); L4-5 fusion (2008); medications: ibuprofen, Reglan, tramadol, Norco, Duragesic, Mirapex, Lyrica, baclofen, Amitiza. In the progress note dated 8-18-15 the treating provider indicates that the Mirapex helps by improving her ability to move and decreases shakiness. She has been on this medication since at least 3-10-15. The request for authorization dated 8-18-15 was for Mirapex 1 mg #90 with no refills. On 8-21-15 Utilization review non-certified the request for pamipexole based on Official Disability Duration Guidelines which indicate this medication is used for Parkinson's disease or dystonia and there is no indication of either in the current clinical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole tab 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.nlm.nih.gov/medlineplus/druginfo/meds/a697029.html.

Decision rationale: MTUS guidelines and the ODG do not address the use of Pramipexole, therefore, alternative guidelines were consulted. Per manufacturer information Pramipexole is used alone or with other medications to treat the symptoms of Parkinson's disease to include difficulties with movement, muscle control, and balance. Pramipexole is also used to treat restless legs syndrome. Pramipexole is in a class of medications called dopamine agonists. It works by acting in place of dopamine, a natural substance in the brain that is needed to control movement. In this case, the injured worker has had some episodes recently where she lost her balance as a result of self-reported vertigo and a weak leg. On one occasion, she fell and hit her head which according to the physician note dated 8/18/15 has resulted in headaches, poor speech and thought processing. On examination there was an unsteady gate and weakness to the left lower leg and an antalgic gate. The plan includes a head CT but it is unclear if that has been obtained as there are no results included in the available documentation. Pramipexole is used in the treatment of Parkinson's Disease and restless leg syndrome. There is no indication that the injured worker has either of these conditions, therefore, the request for Pramipexole tab 1mg #90 is determined to not be medically necessary.