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| Case Number: | CM15-0194844 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 12/27/2013 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 12-27-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar facet arthropathy, lumbar spondylosis with myelopathy, and long-term high-risk med use. According to the progress report dated 9-14-2015, the injured worker presented with complaints of bilateral lower back pain. He describes his pain as aching, burning, cramping, pins and needles, pressure- like, sharp, soreness, and throbbing. On a subjective pain scale, he rates his current pain 8 out of 10. When under control, pain is 4 out of 10 with worst pain being 10 out of 10. The physical examination of the lumbar spine reveals hypertonicity, spasm, tenderness, tight muscle band, and trigger point in the bilateral paravertebral muscles. Range of motion is restricted and painful. The current medications are Gabapentin, Ibuprofen, Norco, and Vicodin. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy, exercise, chiropractic, Toradol injection, and intra-articular facet joint injection. Work status is not specified. The original utilization review (9-29-2015) had non-certified a request for Pramipexole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole 0.125mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) Chapter under restless legs syndrome.

Decision rationale: Based on the 9/14/15 progress report provided by the treating physician, this patient presents with constant, aching, sharp, and burning bilateral lower back pain rated 8/10 today. The treater has asked for Pramipexole 0.125MG #30 on 9/14/15. The request for authorization was not included in provided reports. The patient states that lying down and medications relieve pain per 9/14/15 report. The patient is s/p chiropractic treatment with no relief, physical therapy with no relief, and exercise with any relief per 7/27/15 report. The patient does not have a significant surgical history relating to the back per review of reports. The patient's current medications include Ibuprofen, Gabapentin, and Vicodin per 9/14/15 report. The patient's work status is not included in the provided documentation. ODG-TWC Knee and Leg (Acute and Chronic) Chapter under restless legs syndrome states: "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" Daily RLS symptoms: (A) Dopamine agonists: see above; (B) Anti-convulsants: see above; (C) Opioids; (D) Benzodiazepines: see above. Refractory RLS symptoms: (A) Change to a different dopamine agonist; (B) Change to gabapentin; (C) Add a 2nd medications such as a benzodiazepine, opioid or gabapentin; (D) Consider a drug holiday; (E) Consider high-potency opioids; (F) Iron. (Hening, 2007) (Molokwu, 2008) The treater does not discuss this request in the reports provided. Per review of reports dated 4/6/15 to 9/14/15, the patient does not have a prior history of using Pramipexole or any other dopamine agonists. Utilization review letter dated 9/30/15 denies request as the patient does not have symptoms of restless leg syndrome. ODG guidelines state that Pramipexole is indicated for the treatment of restless leg syndrome, which this patient does not present with. The treater does not discuss the necessity of this medication per review of reports. Therefore, the request is not medically necessary.