

Case Number:	CM15-0024682		
Date Assigned:	02/17/2015	Date of Injury:	11/12/2001
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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 68-year-old female who reported an injury on 11/03/2001. The mechanism of injury was not stated. The current diagnoses include status post cervical fusion, cervical radiculitis, and right knee pain. The injured worker presented on 01/07/2015 for a follow-up evaluation. The injured worker reported neck pain, as well as bilateral shoulder pain. Previously, the injured worker had been treated with trigger point injections with 60% relief of symptoms. Upon examination, there was decreased range of motion of the cervical spine with tenderness to palpation and trapezius muscle spasm. Range of motion measurements included 30 degrees flexion, 10 degrees extension, 20 degrees right lateral bending, and 28 degrees left lateral bending. Recommendations included a refill of medications, continuation of weight loss, and the home exercise program, and continuation of ice therapy. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex ER Tab 1.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Pramipexole: Pramipexole is used alone or with other medications to treat the symptoms of Parkinson's disease (PD; a disorder of the nervous system that causes difficulties with movement, muscle control, and balance), including shaking of parts of the body, stiffness, slowed movements, and problems with balance. Pramipexole is also used to treat restless legs syndrome (RLS; a condition that causes discomfort in the legs and a strong urge to move the legs, especially at night and when sitting or lying down). 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.

Decision rationale: According to the US National Library of Medicine, pramipexole is used alone or with other medications to treat the symptoms of Parkinson's disease. It is also used to treat restless leg syndrome. In this case, the injured worker does not maintain either of the above mentioned diagnoses. The injured worker has continuously utilized the above medication since at least 09/2014. The medical necessity has not been established in this case. The request as submitted also failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.