MAXIMUS Federal Services

Case Number:	CM14-0097733		
Date Assigned:	07/25/2014	Date of Injury:	10/24/2012
Decision Date:	09/18/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old male with a 10/24/12 date of injury. At the time (5/22/14) of request for authorization for Mirapex QTY: 30, there is documentation of subjective (restless legs at night, low back pain, and knee pain) and objective (antalgic gait, tenderness to palpation over the medial joint lines of both knees, and marked tenderness over the lumbar paraspinal area) findings, current diagnoses (restless legs syndrome, chronic knee pain, and chronic back pain), and treatment to date (ongoing therapy with Tramadol). There is no documentation of supportive clinical findings of restless legs syndrome and failure of first-line treatment (opioids).

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/mirapex.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Restless legs syndrome (RLS).

Decision rationale: The MTUS does not address this issue. The ODG identifies documentation of a condition/diagnosis (with supportive clinical findings) for which Mirapex (pramipexole) is indicated (such as: restless legs syndrome) and that Mirapex is being used after failure of first-line treatment (levodopa, carbidopa, opioids, or benzodiazepines), as criteria necessary to support the medical necessity of Mirapex Within the medical information available for review, there is documentation of a diagnosis of restless legs syndrome. However, despite documentation of subjective (restless legs at night, low back pain, and knee pain) and objective (antalgic gait, tenderness to palpation over the medial joint lines of both knees, and marked tenderness over the lumbar paraspinal area) findings, there is no (clear) documentation of supportive clinical findings of restless legs syndrome. In addition, given documentation of ongoing therapy with Tramadol, there is no documentation of failure of first-line treatment (opioids). Therefore, based on guidelines and a review of the evidence, the request for Mirapex QTY: 30 is not medically necessary.