

<b>Case Number:</b>	CM14-0218848		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 73 year old male sustained an industrial injury on 11/02/2000. The injured worker subsequently reports chronic low back and lower extremity pain. He was diagnosed with spinal stenosis and has undergone two lumbar spine surgeries. Current medications include Mirapex, Oxycodone, Celebrex, Tylenol, Benazepril, Aspirin and Multivitamins. The UR decision dated 12/17/2014 non-certified Celebrex 100mg #60 with 1 refill and Mirapex 0.75mg #30. The Celebrex 100mg #60 with 1 refill and Mirapex 0.75mg #30 was not certified based on the lack of clear indications in the CA MTUS ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100 mg # 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

**Decision rationale:** According to MTUS guidelines, Celebrex is indicated in case of back , neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report back pain.

**Mirapex 0.75 mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/18577955>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Parkinson Disease Medication

**Decision rationale:** According to e medicine Pramipexole is approved as monotherapy in early disease of Parkinson Disease and as adjunctive therapy to levodopa/PDI in more advanced stages. The mechanism of action of pramipexole as a treatment for Parkinson disease is unknown, although it is believed to be related to its ability to stimulate D2 dopamine receptors in the striatum. It is available as an immediate-release and an extended-release tablet. There is no evidence that the patient is suffering from Parkinson disease. Furthermore, Mirapex was used for restless leg syndrome and there is no evidence that the patient is suffering from this disorder. Therefore, the request for Mirapex 0.75 mg # 30 is not medically necessary.