

Case Number:	CM15-0110400		
Date Assigned:	06/16/2015	Date of Injury:	05/11/2006
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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/work injury on 5/11/06. She reported initial complaints of pain in back, hip, ankle, and knee. The injured worker was diagnosed as having cauda equine syndrome, lumbosacral neuritis, post laminectomy syndrome. Treatment to date has included medication, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, heat, epidural steroid injection, facet joint injection, diagnostics, and surgery (anterior fusion with hardware revision and shattered disc removal, posterior fusion with hardware revision and shattered disc removal, fusion, lumbar seroma aspiration). Currently, the injured worker complains of increased pain in the thoracic spine and unchanged pain in the left hip and lumbar spine, buckling of left ankle and knee. Medication causes incontinence, mild cognitive impairment with use. Per the primary physician's progress report (PR-2) on 3/10/15, exam reveals tenderness to palpation over the left/right lumbar facets, paravertebral lumbar spasm, straight leg raise is positive on the right at 60 degrees and on the left at 45 degrees, gait is compensated, left quad moderately atrophy, left posterior calf. Reflexes to left lower extremity are reduced to 2/5 to 3/5. There is decreased sensation over the left L4-5 and S1 dermatome. The requested treatments include Pramipexole tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole tab 1mg number sixty (#60) with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/pramipexole.html>.

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

Decision rationale: Pursuant to Medline plus, Pramipexole (Mirapex) tablets 1 mg #60 with two refills is not medically necessary. 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. In this case, the injured worker's working diagnoses are cauda equine syndrome NOS: lumbosacral neuritis NOS: post laminectomy syndrome lumbar; coccyx fracture. The documentation shows the injured worker has been taking Mirapex as far back as July 18, 2014 according to a progress note dated August 12, 2014. The most recent progress note dated March 10, 2015 shows the injured worker continues to complain of spasm in the lower leg with increased pain in the lower legs. Mirapex is indicated for Parkinson's disease and restless leg syndrome. The documentation does not contain either diagnosis. There is no objective functional improvement with ongoing Mirapex (for lower leg spasm and pain). Consequently, absent clinical documentation of Parkinson's disease and restless leg syndrome, objective functional improvement with ongoing Mirapex since July 18, 2014 and the clinical rationale meeting guideline recommendations, Pramipexole (Mirapex) tablets 1 mg #60 with two refills is not medically necessary.