MAXIMUS Federal Services

Case Number:	CM15-0120657		
Date Assigned:	07/01/2015	Date of Injury:	07/23/2013
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old male, who sustained an industrial injury on 7/23/2013. Diagnoses include head trauma with loss of consciousness, posttraumatic tinnitus, posttraumatic chronic daily headaches with migraine component, disorder of sleep and arousal, rule out obstructive sleep apnea, psychological factors affecting the physical condition with post concussive syndrome, cervical sprain/strain and anosmia and dysgeusia. Treatment to date has included diagnostics including electroencephalogram (EEG) (2/25/2015) and magnetic resonance imaging (MRI) of the brain (1/14/2015), counseling therapy and medications including Keppra and Depakote. Per the Primary Treating Physician's Progress Report dated 1/14/2015, the injured worker reported that he has no taste or smell relative to food or odors. His wife reports transient agitation. He reported no pain. According to documentation of objective findings he spoke very little, his mood and affect appeared distant. He voiced no delusions or hallucinations. Blood sugar was elevated consistent with his diabetes mellitus. The plan of care included medication management and diagnostics. Authorization was requested for Mirapex 0.5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole Dihydroc (Mirapex)0.5mg quantity 15: 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 & Leg Restless legs Syndrome (RLS) and Other Medical Treatment Guidelines http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011806/?report=details.

Decision rationale: Per the US National Library of Medicine, Pramipexole is used to treat Parkinson disease. It may be used alone or in combination with other medicines (eg, levodopa). Pramipexole is a dopamine agonist that works on the nervous system to help treat the symptoms of Parkinson disease. Pramipexole is also used to treat Restless Legs Syndrome (RLS). RLS is a neurologic disorder that affects sensation and movement in the legs and causes the legs to feel uncomfortable. This results in an irresistible feeling of wanting to move your legs to make them comfortable. Per the ODG guidelines with regard to restless legs syndrome, 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. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema; (E) Anti-convulsants: Tegretol (carbamazepine) and Neurontin (gabapentin). These are useful when dopamine agonists have failed. They may also be useful for treatment of coexisting peripheral neuropathy; (F) Iron (ferrous sulfate): This is recommended for use in patients with serum ferritin levels < 50 ng per mL. The ideal means of administration has not been established but suggested treatment including Ferrous sulfate (325 mg) given with vitamin C (250-500 mg) three times a day, or 50-60 mg of elemental iron 1-3 times a day. The goal is to achieve a serum ferritin > 50 ng/mL. Iron replacement should be considered prior to the use of dopaminergic agents in patients with low serum ferritin. The documentation submitted for review indicate that this medication was prescribed for leg spasms, however, per the citation above it is noted that it is not a first-line treatment. The medical records do not document failure of first line treatment with Levodopa. As such, the request is not medically necessary.