

<b>Case Number:</b>	CM15-0064705		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68-year-old female, who sustained an industrial injury on 11/12/2001. She has reported injury to the neck, right knee, and low back. The diagnoses have included cervical radiculopathy; status post cervical fusion; and right knee pain, status post right knee surgery. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Lortab, Fioricet, Imitrex, Mirapex, Neurontin, Cymbalta, Soma, Trazadone, and Lidoderm patch. A progress note from the treating physician, dated 03/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain; and medications allow for walking, standing, sitting, and tolerating activities of daily living. Objective findings included tenderness on palpation of the cervical spine; decreased range of motion of the cervical spine with painful extension. The treatment plan has included the request for Mirapex ER tab 1.5 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRAPEX ER TAB 1.5MG #30 ONE PO QHS WITH NO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation <http://www.drugs.com/mirapex.html> What is Mirapex?

**Decision rationale:** The injured worker sustained a work related injury on 11/12/2001. The medical records provided indicate the diagnosis of cervical radiculopathy; status post cervical fusion; and right knee pain, status post right knee surgery. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Lortab, Fioricet, Imitrex, Mirapex, Neurontin, Cymbalta, Soma, Trazadone, and Lidoderm patch. The medical records provided for review do not indicate a medical necessity for MIRAPEX ER TAB 1.5MG #30 ONE PO QHS WITH NO REFILLS. According to Drugs.com, Mirapex (pramipexole), is used to treat Mirapex is used to treat symptoms of Parkinson's disease, and restless leg syndrome. The MTUS does not recommend this medication for treatment of chronic pain or for treatment of any of any of the listed diagnosis, namely, cervical radiculopathy; status post cervical fusion; and right knee pain, status post right knee surgery. Therefore, this is not medically necessary.