

Case Number:	CM15-0077917		
Date Assigned:	04/29/2015	Date of Injury:	03/05/2010
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 03/05/2010. According to a neurological re-examination dated 03/19/2015, the injured worker had severe and chronic pain due to multiple failed surgeries of the neck and low back. Pain level was rated 6-7 on a scale of 1-10. There had been some atrophy of the left ankle and foot due to the chronic pain. He had restless leg syndrome. The provider noted that he was increasing Requip to twice a day and that the injured worker continued to have significant stiffness and tenderness in the shoulder. Diagnoses included cervical disc disease, lumbar disc disease, failed back surgery, chronic pain syndrome, migraines, history of depression, history of restless leg syndrome as a result of his chronic pain and nonindustrial left rotator cuff tear and biceps tear. The provider noted that the injured worker needed aggressive pain management with no interruption of medication including Cymbalta. A prescription of Pramipexole was given to help with his restless leg syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Pramipexole 0.125mg #180with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG's section regarding restless leg syndrome, Dopamine agonists: Requip (ropinirole) and Mirapex (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. In this case, the medical records do not establish attempt and failure at first line treatments for restless leg syndrome. The request for pramipexole is therefore not supported. The request for one prescription of Pramipexole 0.125mg #180 with 2 refills is not medically necessary and appropriate.