

<b>Case Number:</b>	CM13-0067812		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old female who was injured on 11/14/02. She reported pain in the neck and upper extremities as a result of cumulative trauma from repetitively pulling charts from packed shelves. Her second injury refers back to 3/14/03. This is a psych injury as a result of discrimination, abuse, and mistreatment. Prior treatment history has included medications, H-wave, physical therapy, a home exercise program, bracing, chiropractic treatment, acupuncture, epidural steroid injection, and the use of a TENS unit. The patient underwent multiple surgeries including a right carpal tunnel release and right elbow lateral epicondylectomy on 10/8/07; right shoulder arthroscopy with decompression, labral, and rotator cuff repair on 10/2/08; and arthroscopic evaluation and synovectomy, debridement, followed by an open procedure to include ulnar shortening of the right wrist on 4/19/12. The patient's medications as of 11/23/2013 include Xanax, Geodon 80mg, Ropinirole 0.25mg, Zolpidem 10mg, Norco 2-3 daily, Maxide 15mg, Atenolol 50mg, and Fiorinal as needed. A PR-2 dated 12/21/13 indicated that the patient was still gradually recovering from her nerve release surgery on her arm. She was coping with the stress and rehabilitation involved with her post-surgical recovery. The patient had been suffering from symptoms of PTSD. Her symptoms include distressing intrusive memories, nightmares, flashbacks, hypervigilance, exaggerated startled response, and avoidance of stressful situations. These symptoms have been well controlled by treatment with Ziprasidone. This treatment needed to be continued to insure maintenance of this improvement and prevent a relapse of her symptoms. She was able to get her psychiatric medications filled on time. The patient's symptoms of major depression were also well-controlled, estimated at about 90% improved. These symptoms included depressed mood, anhedonia, sleep and appetite disturbance, low energy, impaired concentration, and paranoid ideation. The risk of a relapse of the PTSD and depression without Ziprasidone was significant. Objective findings on exam revealed a well-

groomed appearance, and good eye contact with normal speech rate and rhythm. Her mood was moderately anxious and depressed. Her affect was appropriate, and congruent with full range. She denied any auditory or visual hallucinations. She had intermittent paranoid ideation and depressive ruminations. Her thought process was linear and goal-directed. The patient was diagnosed with chronic PTSD; severe major depression, single episode; panic disorder without agoraphobia; generalized anxiety disorder; and restless legs syndrome, not otherwise specified. The patient was prescribed 60 Ziprasidone 80mg to be taken once daily with food. This dopamine-serotonin receptor blocking medication, although only FDA approved for treatment of schizophrenia and bipolar disorder, has considerable off-label uses for other psychiatric disorders, including for PTSD. She was also prescribed Ropinirole 0.25mg for restless legs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 GEODON 80MG, ONE DAILY: 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.

**Decision rationale:** According to the Official Disability Guidelines (ODG), atypical antipsychotics are not recommended as a first-line treatment. According to the PR-2 dated 12/21/13, the patient is suffering from symptoms of PTSD. The ODG states that there is insufficient evidence to recommend atypical antipsychotics for the treatment of PTSD. Geodon (Ziprasidone) is also known as an atypical antipsychotic, and it is FDA approved for the treatment of symptoms of schizophrenia and acute manic or mixed episodes associated with bipolar disorder. The patient does not have schizophrenia or bipolar disorder. SSRIs are strongly recommended for the treatment of PTSD, and TCAs and MOAIs are recommended as second-line treatment. In the absence of definitive evidence to support Geodon, as per the guidelines, the medical necessity of this medication has not been established.

#### **120 ROPINIROLE 0.25MG; SIG; UP TO 4 EVERY BEDTIME AS NEEDED: 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 Guideline, and [www.nlm.nih.gov/medlineplus/druginfo/med/a698013.html](http://www.nlm.nih.gov/medlineplus/druginfo/med/a698013.html).

**Decision rationale:** According to the medical literature, Ropinirole is used to treat the symptoms of Parkinson's disease and restless leg syndrome (RLS). The medical records provided for review do not include clinical, medical, and physical findings to establish the diagnosis of RLS, nor do they specify the type of RLS this patient is purported to have. The Official Disability Guidelines

state that dopamine agonists such as Ropinirole are not considered first-line treatment, and should be reserved for patients who have been unresponsive to other treatment, as adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema. The patient's symptoms are not detailed. There is no documentation of non-pharmacologic interventions and other treatments. As such, the medical necessity of Ropinirole has not been established.