

Case Number:	CM14-0154151		
Date Assigned:	09/23/2014	Date of Injury:	11/07/2011
Decision Date:	10/23/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 46-year-old female with a 11/7/11 date of injury, and status post two right knee surgeries, three left knee surgeries and left foot surgery 1/13. At the time (9/3/14) of the Decision for authorization for Requip 0.25mg #120, there is documentation of subjective (currently stable off opioids without any symptoms of withdrawal, bilateral leg pain at night) and objective (antalgic gait, 4/5 muscle strength and allodynia) findings, current diagnoses (crush injury to both legs, complex regional pain syndrome, and status post Guillain-Barre syndrome), and treatment to date (medications, chronic pain management program, and activity modification). There is no documentation of Parkinson's disease or restless leg syndrome and that patient has been unresponsive to other treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requip 0.25mg #120: 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, Restless legs syndrome (RLS) Other Medical Treatment Guideline or Medical Evidence: www.pdr.net

Decision rationale: MTUS does not address this issue. ODG identifies documentation of restless leg syndrome and that patient has been unresponsive to other treatment, as criteria necessary to support the medical necessity of medications including Requip. Medical Treatment Guidelines identify documentation of Parkinson's disease and/or moderate to severe primary restless legs syndrome (RLS), as criteria necessary to support the medical necessity of Requip (ropinirole). Within the medical information available for review, there is documentation of diagnoses of crush injury to both legs, complex regional pain syndrome, and status post Guillain-Barre syndrome. However, there is no documentation of Parkinson's disease or restless leg syndrome and that patient has been unresponsive to other treatment. Therefore, based on guidelines and a review of the evidence, the request for Requip 0.25mg #120 is not medically necessary.