

Case Number:	CM14-0174543		
Date Assigned:	10/27/2014	Date of Injury:	05/29/2002
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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:

This case is a 56 year old male with a date of injury on 5/29/2002. A review of the medical records indicates that the patient has been undergoing treatment for back pain and chronic pain syndrome. Subjective complaints (8/15/2014) include insomnia and lower extremity twitching and restlessness, (9/3/2014) include insomnia with difficulty falling and staying asleep, right hip pain that is aggravated by walking. Objective findings (8/15/2014, 9/3/2014) include antalgic gait, minimal lumbar paraspinous tenderness, and positive FABERS test on right hip. Treatment has included drug detoxification program, lumbar back surgeries x 5, Cymbalta (since 2012), opioids (since 2012), Trazodone (treating physician notes failure of this medication). A utilization review dated 9/18/2014 determined the following:- Non-certified a request for Ropinirole 1 mg #90 due to lack of symptoms- Partially certified for Lunesta 2mg #15 (original request was for #30) to no exceed 3-4 weeks of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ropinirole 1 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg and Knee,

Restless legs syndrome (RLS) UpToDate.com, Ropinirole, Neuroprotective therapy for Parkinson disease, Restless Leg Syndrome

Decision rationale: MTUS guidelines are silent with regards to Ropinirole, so other guidelines were utilized. Ropinirole is a dopamine agonist. ODG refers to Ropinirole for Restless Leg Syndrome as a treatment option "(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;" Medical records do not indicate that first-line treatments were utilized prior to this medication. ODG further details Diagnostic Criteria for Restless Leg Syndrome "There are four essential criteria. (Allen, 2003) (1) An urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move/unpleasant sensations become worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move/unpleasant sensations (at least as long as the movement continues). & (4) The urge to move/unpleasant sensations are generally worse at night, or only occur at night." While the treating physician notes "lower extremity twitching and restlessness", there is not enough detailed information in the treatment notes to satisfy the diagnostic criteria for restless leg syndrome. UpToDate also refers to ropinirole as a treatment option for Parkinson's syndrome and Restless Leg Syndrome. Medical documents do not establish the diagnosis of Parkinson's syndrome in this patient. As such, the request for Ropinirole 1 mg #90 is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia, Mental Illness, Eszopicolone (Lunesta)

Decision rationale: MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia, ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not

within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." The treatment notes indicate complaints of insomnia and that the patient is practicing good sleep hygiene. However, the medical notes do not specify sleep onset, maintenance, quality, next day functioning, along with the other components outlined in the guidelines. Guidelines additionally recommend use of hypnotics only during the first couple of months of an injury and not during the chronic phase. The patient's date of injury was in 2002 and is considered in the chronic phase of treatment. As such, the request for Lunesta 2mg #30 is not medically necessary.