

<b>Case Number:</b>	CM14-0034367		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 62-year-old male who reported a fall down a flight of cement stairs on 09/22/2011. In the clinical notes dated 10/10/2013, the injured worker complained of increasing low back pain which he rated 8/10 with a prescription of Norco not addressing the pain. It was noted that the injured worker also complained of the low back pain radiating in the lower left extremity with numbness and tingling in the left foot. It was also noted that there were spasms on both sides of the lower back associated with the pain. Prior treatments included lumbar epidural steroid injections, lower lumbar trigger point injections, and prescribed medications. The injured worker's prescribed medication regimen included Norco 10/325 mg, Soma 350 mg, and Nucynta 100mg. The physical exam of the lumbar spine revealed motor function of the lower extremities 4/5 on the right and 3/5 on the left, and it was noted that the injured worker was unable to toe or heel walk. It was also noted that there was tenderness to palpation bilaterally of the lower lumbar spine with spasms and a restricted range of motion due to pain. It was noted that the gait was mildly antalgic. Straight leg raise tests were positive on the left side at 60 degrees and 90 degrees on the right. The reflexes were noted at 2+ with ankle reflexes absent bilaterally. The diagnoses included lumbar discogenic disease, lumbar radiculitis, lumbar facet syndrome, and status post ACDF C5-7. The treatment plan included bilateral paravertebral lower lumbar trigger point injections which were done within the office visit, a request for bilateral 2 level transforaminal lumbar epidural steroid injections to address L4-5 and L5-S1, a prescription for 10 days of Nucynta to replace Norco, and to return to the office in 4 weeks. The Request for Authorization for ropinirole HCl tabs 0.5 mg #30, prednisone 1 mg tabs #5 and oxycodone/APAP tabs 10/325 mg #60 with rationale was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ropinirole HCL Tabs 0.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic), Restless legs syndrome (RLS).

**Decision rationale:** The Official Disability Guidelines (ODG) state that dopamine agonists such as ropinirole are not considered first line treatment and should be reserved for injured workers who have been unresponsive to other treatment for restless leg syndrome (RLS). Diagnostic criteria for restless leg syndrome includes an urge to move the legs, usually accompanied by uncomfortable or unpleasant sensations in the legs; the urge to move/unpleasant sensations become worse during periods of rest or inactivity; movement partially relieves urge to move/unpleasant sensations (at least as long as the movement continues); and the urge to move/unpleasant sensations are generally worse at night or only occur at night. In the clinical notes provided for review, it is noted that the injured worker stated that most physical activities will aggravate the pain to include stooping, bending, lifting, pushing/pulling or twisting the torso; however, there is a lack of documentation of the injured worker indicating symptoms of the urge to move constantly. There is also a lack of documentation within the clinical notes of the requesting physician annotating the prescription for ropinirole. Furthermore, the guidelines state that dopamine agonists such as ropinirole are not considered first line treatment and should be reserved for those who have been unresponsive to other treatments. Without evidence to support the efficacy or lack thereof of first line treatments, the request for ropinirole HCl tabs 0.5 mg #30 is not medically necessary.

### **Prednisone 1mg tabs #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral corticosteroids.

**Decision rationale:** The Official Disability Guidelines (ODG) state that all corticosteroids are not recommended for chronic pain. There was no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, these should be avoided. In the clinical notes provided for review, the request for prednisone is not addressed. There is also a lack of evidence to warrant the use of oral corticosteroids to include acute radicular pain. Furthermore, the guidelines do not recommend the use of oral corticosteroids for chronic pain. Therefore, the request for prednisone 1 mg #5 is not medically necessary.

**Oxycodone/APAP tabs 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, page(s) 77, 80, Opioids, specific drug lists, page(s) 92 Page(s): 77,80, 92.

**Decision rationale:** The California MTUS Guidelines state that when initiating therapy of opioids for continuous pain, extended release opioids are recommended. Injured workers on this modality may require a dose of rescue opioids. The need for an extra opioid can be a guide to determine the sustained release dose required. Only change one drug at a time, and if partial analgesia is not obtained, opioids should be discontinued. Oxycodone/APAP analgesic dosing is based on oxycodone content and should be administered every 4-6 hour as needed for pain. In the clinical notes provided for review, it is annotated that the use of Norco is not working for the injured worker. However, there is a lack of documentation of other conservative treatments and their progress or efficacy or lack thereof. Furthermore, it is noted that the requesting physician is prescribing a trial of Nucynta to replace Norco. Therefore, the request for oxycodone/APAP tabs 10/325 mg #60 is not medically necessary.