

<b>Case Number:</b>	CM15-0105248		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 44 year old female with an industrial injury dated 10/05/2011. The injured worker's diagnoses include lumbago and other affections of shoulder region, not elsewhere classified. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported shoulder pain, leg pain and continued pain in lower back. The injured worker described the pain as severe as she had no pain medications. The injured worker rated pain a 5/10 with medications. Objective findings revealed tenderness at lumbar spine, tenderness at facet region and decreased range of motion. The treatment plan consisted of medication management. The treating physician prescribed Ropinirole HCL 0.25 mg #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ropinirole HCL 0.25 mg #60:** 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 (ODG) Leg and Knee, Restless legs syndrome (RLS) and Other Medical Treatment Guidelines 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 repinirole as a treatment option for Parkinson's Syndrome and Restless Leg Syndrome. Medical documents do not establish the diagnosis of Parkinson's Syndrome or restless leg syndrome in this patient. As such, the request for Ropinirole HCL 0.25 mg #60 is not medically necessary.