

Case Number:	CM15-0190506		
Date Assigned:	10/02/2015	Date of Injury:	10/09/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on October 9, 2012, incurring head and neck injuries. He was diagnosed with closed head trauma, concussion, headaches and cervicalgia, right knee meniscus tear, left shoulder impingement and coccyx contusion. Treatment included pain medications, home exercise program, muscle relaxants, anticonvulsants, physical therapy for knee and leg injuries, surgical interventions of the right knee, and restricted activities. On April 23, 2015, he underwent a right knee arthroscopy. Currently, the injured worker complained of daily headaches, ongoing neck pain radiating to the base of the skull. He was noted to have tenderness in the occipital region of the skull and decreased neck rotation. He continued to have pain, spasms, swelling and grinding of the right knee. He noted restless legs interfering with his sleep and activities of daily living. The treatment plan that was requested for authorization September 1, 2015, included a prescription for Ropinirole 30 mg, #30. On August 22, 2015, a request for a prescription for Ropinirole was denied by utilization review. Per the note dated 8/31/15 the patient had complaints of bilateral knee pain. Physical examination of the right knee revealed tenderness on palpation and limited range of motion, moderate effusion, crepitus. The medication list include Celexa, Metformin, Atorvastatin, Amlodipine, Soma and Ropinirole. The patient sustained the injury due to trip and fall incident Patient had received 12 post op PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ropinirole tablet 0.5mg day supply; 30 qty, 30 refills; 04, Rx date 08/22/15: 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) Chapter: Knee & Leg (updated 07/10/15) Restless legs syndrome (RLS) Dopamine agonists and Other Medical Treatment Guidelines Micromedex FDA labeled indications of Ropinirole Parkinson's disease and Restless legs syndrome (Moderate to Severe), Primary.

Decision rationale: Request: Ropinirole tablet 0.5mg day supply; 30 qty, 30 refills; 04, Rx date 08/22/15. ACOEM and CA MTUS do not address this request. According to ODG guidelines cited above, regarding treatment of restless leg syndrome "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." The FDA labeled indications of Ropinirole include Parkinson's disease and Restless legs syndrome (Moderate to Severe). This drug is not recommended as first line treatment for restless leg syndrome with intermittent symptoms. A detailed history related to restless leg syndrome, including frequency and severity of symptoms in this patient, is not specified in the recent notes provided. A detailed response to other treatment for restless leg syndrome is not specified in the records provided. A detailed rationale for the use of Ropinirole tablet 0.5mg day supply; 30 qty, 30 refills; 04, Rx date 08/22/15 was not specified in the records specified. The medical necessity of Ropinirole tablet 0.5mg day supply; 30 qty, 30 refills; 04, Rx date 08/22/15 is not fully established for this patient.