

<b>Case Number:</b>	CM15-0204203		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of depression reportedly associated with an industrial injury of October 20, 2015. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve a request for ropinirole. Partial approval was apparently issued. The claims administrator referenced an office visit and an associated RFA form of September 10, 2015 in its determination. The claims administrator stated that the partial approval was intended to furnish the applicant with a trial of ropinirole. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing issues with low back and knee pain status post earlier failed knee surgery. The applicant developed derivative complaints of depression, the treating provider reported. The applicant was using ropinirole, two to three times daily, the treating provider suggested. The applicant's complete medication list included Norco, Wellbutrin, Ambien, ropinirole, Hysingla, allopurinol, Tenormin, iron, glucosamine, Travatan eye drops, vitamins, Lyrica, and dietary supplements, it was reported. Ropinirole, Wellbutrin, and Nucynta were all endorsed. The applicant was not working. The attending provider stated, somewhat circuitously, toward the top of the note that ropinirole at a rate of twice daily was attenuating issues with restless leg syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ropinirole tablets 2mg day supply; 90 qty; 270 refills; 03: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and leg chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Food and Drug Administration.

**Decision rationale:** Yes, the request for ropinirole [REDACTED] was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's September 10, 2015 office visit did suggest that ongoing usage of [REDACTED] at a rate of twice daily had attenuated issues with restless leg syndrome. The Food and Drug Administration (FDA) notes that ropinirole [REDACTED] is indicated in the treatment of idiopathic Parkinson syndrome and/or restless of leg syndrome, the latter of which is reportedly present here. Continuing usage of same was indicated, given the attending provider's statement of September 10, 2015 to the effect that ropinirole was proving effective in attenuating symptoms of restless leg syndrome (RLS). Therefore, the request was medically necessary.