

Case Number:	CM15-0046807		
Date Assigned:	03/19/2015	Date of Injury:	09/27/2004
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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:

This is a 49-year-old female patient, who sustained an injury on 09/27/2004. She sustained the injury due to slipped and fell into a tub. The diagnoses include restless leg syndrome, low back pain, sacroiliac sprain, sciatica, and chronic pain syndrome. Per the doctor's note dated 02/19/2015 she had symptoms of depression. The physical examination revealed manner-guarded and withdrawn; concentration-impaired. Per the doctor's note dated 02/09/2015 she had complaints of low back and neck pain with radiation to the left ankle, left arm, and left foot. She rated her pain 10 out of 10 without medications, and 8 out of 10 with medications. The physical examination showed normal strength in the lower extremities, an antalgic gait, tenderness to palpation of the superior aspect of the right posterior iliac crest, a normal neurological examination, and mildly restricted lumbar range of motion. The medications list includes valium, neurontin, celebrex, flexeril, tramadol, topamax, Ropinirole, lidoderm, ibuprofen, ranitidine, miralax, hyoscyamine. The treating physician requested Ropinirole tabs 1mg #90. She has had an MRI of the lumbar spine for this injury. She has had physical therapy and trigger point injections for this injury. She has received psychological and psychiatric treatment for this injury.

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 Official Disability Guidelines (ODG)-knee and leg chapter, Restless legs syndrome.

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 02/27/15) Restless legs syndrome (RLS) Dopamine agonists.

Decision rationale: Request: Ropinirole 1mg #90 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. This drug is not recommended as first line treatment for restless leg syndrome. Response to other treatment for restless leg syndrome is not specified in the records provided. In addition, evidence of diagnosis of restless leg syndrome is not specified in the recent notes provided. The medical necessity of Ropinirole 1mg #90 is not fully established for this patient. Therefore, the requested treatment is not medically necessary.