

<b>Case Number:</b>	CM14-0160983		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 63-year-old female with a reported injury on 02/21/2008. The mechanism of injury was not provided. The injured worker's diagnoses included deep vein thrombosis of the lower extremity, long term use of anticoagulants, leg cramps, and leg swelling. Past treatments included medications and compression stockings. No pertinent diagnostic testing or surgical history was provided. The injured worker was evaluated for leg cramps on 09/18/2014 and reported trial of ropinirole produced "good relief." The clinician's review of symptoms revealed no arthralgias, no joint stiffness, no myalgias and no back pain. The clinician went on to report left calf swelling and knee tenderness. The treatment plan was to continue current medications including ropinirole. The injured worker's medications included citalopram 20 mg 1 tablet by mouth 1 time daily, fondaparinux sodium 7.5 mg/0.06 mL inject subcutaneously once daily, and trazodone 50 mg 1 at bedtime. The Request was for ropinirole 0.025 mg. The rationale was for the treatment of leg cramps. No Request for Authorization form was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ropinirole 0.025mg:** 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) Knee and leg, Restless legs syndrome (RLS).

**Decision rationale:** The request for Ropinirole 0.025mg is not medically necessary. The injured worker complained of leg cramps. The Official Disability Guidelines recommend Requip for the treatment of restless leg syndrome but it is not considered a first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Ropinirole is a dopamine agonist that can reduce the side effects caused by selective serotonin reuptake inhibitors, including parkinsonian syndrome caused by either SSRIs or antipsychotics. The injured worker's current medication list included citalopram; however, no diagnosis of parkinsonian syndrome or restless leg syndrome was documented. No trial and failure of non-pharmacologic and first line pharmacologic treatment was indicated in the documentation provided for review. Additionally, the request does not include a frequency of dosing. Therefore, the request for Ropinirole 0.025mg is not medically necessary.