

<b>Case Number:</b>	CM14-0112189		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/13/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 77 year old male, who sustained an industrial injury on 3/13/1998. The current diagnosis is displacement of lumbar intervertebral disc without myelopathy. According to the progress report dated 6/19/2014, the injured worker complains of axial pain radiating to the neck, upper back, and lower back. The current medications are Celebrex, Colace, Nexium, TyCo # 3, Rozerem, and Miralax. Treatment to date has included medication management, ice and heat. With current treatment, the injured workers pain was reduced from 9/10 to 5/10 on a subjective pain scale. The plan of care included prescription for Requip instead of Quinine for spasms at night in the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Requip 0.25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/15675719> Ropinirole: current status of the studies. J Neurol.2004 Sep;251 Suppl 6:VI/13-8 Jost WH. Abstract Ropinirole.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference: Ropirional.

**Decision rationale:** Requip 0.25mg is not medically necessary. The ODG and CA MTUS guidelines did not make a statement on this medication. According to the physician desk reference Requip is Ropinirole a dopamine like substance. Requip is FDA approved to treat Parkinson's disease. The medication is also approved for treatment of restless leg syndrome (RLS). The provider prescribed this medication for spasms at night in the legs instead of Quinine. There is lack of documentation that the patient has been diagnosed with restless leg syndrome or Parkinson's Disease; therefore, the requested medication is not medically necessary.