

<b>Case Number:</b>	CM15-0091014		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 57-year-old female, who sustained an industrial injury on 3/21/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder and sleep disorder. There is no record of a recent diagnostic study. Treatment to date has included psychotherapy and medication management. In a progress note dated 3/6/2015, the injured worker complains of anxiety. The treating physician is requesting Requip 0.5 mg #30 with 1 refill and a follow up appointment every 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up appointment every 4-6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the number of visits being requested. Although a request for this patient to have follow up for medication management is reasonable, the request should include the number of visits the physician has requested. As such, the request for Follow up appointment every 4-6 weeks is not medically necessary at this time.

**Requip 0.5mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/edi/ropinirole.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Leg and Knee, Restless legs syndrome (RLS) and Other Medical Treatment Guidelines UpToDate.com, Ropinirole, Neuroprotective therapy for Parkinson disease, Restless Leg Syndrome.

**Decision rationale:** MTUS guidelines are silent about Ropinirole, so other guidelines were utilized. Ropinirole is a dopamine agonist. ODG refers to Ropinirole for Restless Leg Syndrome as a treatment option "(D) 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. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema;" Medical records do not indicate that first-line treatments were utilized prior to this medication. ODG further details Diagnostic Criteria for Restless Leg Syndrome "There are four essential criteria. (Allen, 2003)

(1) An urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move/unpleasant sensations become worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move/unpleasant sensations (at least as long as the movement continues). & (4) The urge to move/unpleasant sensations are generally worse at night, or only occur at night." UpToDate also refers to ropinirole as a treatment option for Parkinson's syndrome and Restless Leg Syndrome. Medical documents do not establish the diagnosis of Parkinson's syndrome or Restless Leg Syndrome in this patient. As such, the request for Requip 0.5mg #30 with 1 refill is not medically necessary.