

Case Number:	CM14-0017794		
Date Assigned:	04/16/2014	Date of Injury:	08/18/1983
Decision Date:	06/04/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family 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:

Patient is a 56-year-old with a date of injury on August 18, 1983. Patient has been treated for the accepted claims of the low back, hips, mental state, headaches, and internal organs. Current subjective complaints are of migraine headaches daily that have been mild to moderate and not responsive to medication. Other complaints are of fatigue, increased personal stress, nausea, sweats, vomiting, and weakness. Physical exam shows an uncomfortable patient with normal cardiopulmonary, abdominal, and neurological examination, with full range of motion, no masses or tenderness. Medication therapy includes benadryl, bentlyl, benztropine, cialis, cymbalta, dicyclomine, dilaudid, fexofenadine, hydrocodone/apap, ibuprofen, imodium lamictal, metoclopramide, morphine, phenazopyridine rhinocort, sporanox, synthroid, trazodone, valium, zantac, zovirax, and vistaril. Submitted documentation does not indicate a diagnosis of parkinsonism, but does indicate that patient has visual changes, myoclonic jerks and hallucinations when using the Nubain. It is documented that the benztropine helps mitigate these side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR BENZTROPINE 1 MG, QTY: 360.00: Overturned

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 website www.Drugs.com, BENZTROPINE Section.

Decision rationale: The California Medical Treatment Utilization Section (MTUS) and the Official Disability Guidelines (ODG) are silent on the use of benztropine. Current FDA information suggests benztropine for use in Parkinsonism and extrapyramidal disorders caused by medications. There is documentation that the patient gets extrapyramidal symptoms with use of Nubain, that is relieved by use of benztropine. Therefore, the retrospective request for Benztropine 1 mg, 360 count, is medically necessary and appropriate.

BENZTROPINE 1MG, QTY: 360.00: Overturned

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 website www.Drugs.com, BENZTROPINE Section.

Decision rationale: The California Medical Treatment Utilization Section (MTUS) and the Official Disability Guidelines (ODG) are silent on the use of benztropine. Current FDA information suggests benztropine for use in Parkinsonism and extrapyramidal disorders caused by medications. There is documentation that the patient gets extrapyramidal symptoms with use of Nubain, that is relieved by use of benztropine. Therefore, the request for Benztropine 1 mg, 360 count, is medically necessary and appropriate.