

<b>Case Number:</b>	CM14-0136493		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 42-year-old female with a 5/1/08 date of injury. At the time (7/22/14) of the Decision for Cogentin 1mg, 1 tablet 3x daily #90, there is documentation of subjective complaints include tired, fluctuating mood, and severe anxiety. Objective findings include positive allodynia and hyperalgesia to left upper extremity and tenderness over the left hand. The current diagnoses are reflex sympathetic dystrophy. Treatments to date include medications, including ongoing treatment with Seroquel, Cymbalta, Amitriptyline, and Cogentin since at least 5/12/14. Medical reports identify that Cogentin is prescribed for tremors. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which Cogentin is indicated (Parkinson disease in combination with other drugs and to control tremors and stiffness of the muscles due to certain antipsychotic medicines (phenothiazines)) or functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cogentin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cogentin 1mg, 1 tablet 3x daily #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Cogentin

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 and <http://www.drugs.com/cdi/benztropine.html>

**Decision rationale:** MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline identifies documentation of a diagnosis/condition (with supportive subjective / objective findings) for which Cogentin (Benztropine) is indicated (such as Parkinson disease in combination with other drugs and to control tremors and stiffness of the muscles due to certain antipsychotic medicines (phenothiazines)), as criteria necessary to support the medical necessity of Cogentin (Benztropine). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy. In addition, there is ongoing treatment with Cogentin. However, despite documentation that Cogentin is prescribed for tremors, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which Cogentin is indicated (Parkinson disease in combination with other drugs and to control tremors and stiffness of the muscles due to certain antipsychotic medicines (phenothiazines)). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cogentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Cogentin 1mg, 1 tablet 3x daily #90 is not medically necessary.