

Case Number:	CM15-0131036		
Date Assigned:	07/17/2015	Date of Injury:	11/22/2006
Decision Date:	08/13/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 11/22/2006, arising from an assault at work. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified, post-traumatic stress disorder with depression, and psychological factors affecting a general medical condition. Treatment to date has included diagnostics and medications. Currently, the injured worker complaints included depression, changes in appetite, sleep disturbance, restlessness, tension headaches, chest pain, flashbacks, paranoia, peptic acid reaction, and bowel dysfunction. The treatment plan included the continued use of Cogentin. The duration of medication use could not be determined. The rationale for medication use was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cogentin 0.5 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.pdr.net/drug-summary/benzotropine-mesyate?druglabelid=1940].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, cogentin.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of Parkinson's disease or for involuntarily movement disorders secondary to psychiatric medication. The provided clinical records do not show these diagnosis/conditions and therefore the request is not medically necessary.