

<b>Case Number:</b>	CM15-0045217		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Arizona, California  
 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 37 year old male, who sustained an industrial injury on 12/12/2009. He has reported subsequent low back and right ankle pain and was diagnosed with chronic pain syndrome, right ankle fracture, possible lumbar discogenic pain and possible lumbar radiculitis. The injured worker was also diagnosed with depression, anxiety and panic attacks. Treatment to date has included oral pain medication, physical therapy and TENS unit. In a progress note dated 01/28/2015, the injured worker complained of difficulty focusing, restless legs, pacing and insomnia. No objective examination findings were documented during this examination. The physician noted that the injured worker was continued on Abilify daily for depression and would be prescribed Cogentin to take care of side effects of anti-psychotic medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benzotropine Mesylate 1mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental health chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines - MENTAL CHAPTER AND ANTI-PSYCHOTICS pg19.

**Decision rationale:** According to the guidelines, atypical anti-psychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. SSRIs and Tricyclics are considered 1st line for depression and PTSD. In addition, the claimant was on an SSRI. Side effects from medications were not mentioned to require the anti-cholinergic - Benztropine. Since the Abilify (atypical antipsychotic) medication is not recommended and the Benztropine to manage the side effects (not clarified) is not medically necessary.