

Case Number:	CM13-0063864		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2002
Decision Date:	07/02/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 75 year old female who sustained an industrial injury on 02/15/02. Treatments to date include medications and a soft cervical collar. Diagnostic studies include a MRI of the cervical spine on 03/30/12 which was not available for review in the submitted documentation. Current complaints include neck pain with radiation to the right shoulder/upper arm, torticollis with the neck tilted to the right, and depression disorder with frustration due to the continued pain. Current diagnoses include cervical strain with right cervical radiculitis with secondary cervical torticollis, spasmodic torticollis and secondary anxiety and depression. In a progress note dated 09/20/13 the treating provider reports the plan of care as a neurosurgery consultation, an updated MRI of the cervical spine, 3-5 Botox injections to the sternoclavicular mastoid, Tylenol #3, Cogentin and a soft cervical collar. The requested treatments include Cogentin. Her dosage of Cogentin has remained unchanged since at least 05/29/13. All the clinical reports provided are from 2013. The reported noted that the Cogentin was prescribed to treat neck pain, muscle spasm, cervical sprain and dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGENTIN 1MG BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugbank.ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Neck Mental Illness and Stress and Other Medical Treatment Guidelines FDADrugs.com.

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address the use of benztropine or anti-Parkinsonism medications for the treatment of chronic musculoskeletal pain. The use of Cogentin is primarily indicated for the treatment of symptoms associated with Parkinson disease. The record indicates that the Cogentin was being utilized for the treatment of neck pain, muscle spasm and cervical dystonia. There was no documentation of failure of first line muscle relaxants. There was no recent clinic note indicating subjective or objective findings that require continual treatment with Cogentin. The request for the use of Cogentin 1 mg BID is not medically necessary.