MAXIMUS Federal Services

Case Number:	CM15-0170113		
Date Assigned:	09/10/2015	Date of Injury:	03/03/2009
Decision Date:	10/14/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, 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 29-year-old male, who sustained an industrial injury on 3-3-2009. The mechanism of injury was not provided. The injured worker was diagnosed as having status post lumbar laminectomy at lumbar 5-sacral 1 in 2011, persistent disc protrusion, failed back surgery syndrome, bilateral lumbosacral radiculopathy, headaches spinal cord stimulator trial, lumbar facet syndrome and insomnia/depression/anxiety. A recent progress report dated 7-27-2015, reported the injured worker complained of low back pain and inability to perform activities of daily living. The injured worker reported the medication reduces pain from 9+ out of 10 to 5 out of 10. Physical examination revealed lumbar muscular tightness and spasms with reduced range of motion and lower extremity paresthesias. Lumbar magnetic resonance imaging performed on 2-25-2014 showed multi-level disc protrusion and moderated bilateral neurology-foraminal stenosis. Treatment to date has included lumbar spine surgery, physical therapy and medication management. The current medications include Percocet, Fenoprofen, Zoloft, Cogentin, Klonipin, Ambien and Lyrica. A urine drug screen on 1-15-2015 was consistent with medications prescribed and a CURES report from 2-9-2015 was also consistent. The physician requested Cogentin 1mg #60. On 8-20-2015, the Utilization Review non-certified Cogentin 1mg #60, citing MTUS-ACOEM guidelines. The physician did not state the purpose, effectiveness and what condition the medication would be treating. The patient's surgical history includes spine surgery lumbar laminectomy in August 2011 and spinal cord stimulator in December 2014. The patient has had history of anxiety and depression. The patient has had MRI of the cervical spine on 2/25/15 that revealed degenerative changes. The patient has had MRI of the lumbar spine on

2/25/14 that revealed disc protrusions, foraminal narrowing. Per the note dated 8/13/15, the patient had complaints of low back pain with radiculopathy and muscle spasm. The patient has had weakness in lower extremity and ambulates with walker. Patient is bedridden without medication. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, positive SLR, muscle weakness. The patient had used a cane for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cogentin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex-FDA Labeled indications; Drug-Cogentin-Benztropine.

Decision rationale: RequestCogentin 1mg #60ACOEM, MTUS and ODG guideline does not specifically address this issue. Hence Thompson Micromedex used. The FDA labeled indications of medication Benztropine includes Extrapyramidal disease - Medication-induced movement disorder and Parkinsonism. Evidence of Extrapyramidal disease - Medication-induced movement disorder and Parkinsonism was not specified in the records specified. A detailed recent neurological examination was not specified in the records specified. The presence of indications of Benztropine was not specified in the records specified. The rationale for the use of Benztropine was not specified in the records specified. The medical necessity of the request for Cogentin 1mg #60 is not fully established for this patient.