MAXIMUS Federal Services

Case Number:	CM15-0059971		
Date Assigned:	04/06/2015	Date of Injury:	10/12/1999
Decision Date:	10/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: California, 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 49 year old male, who sustained an industrial injury on October 12, 1999 resulting in pain or injury to the back and leg. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode, depressive disorder with psychological factors affecting medical condition, and generalized anxiety disorder. On February 19, 2015, the injured worker reported depression, sleep disturbance, decreased energy, difficulty thinking, excessive worry, and restlessness. The Treating Provider's progress note dated February 19, 2015, noted the injured worker able to concentrate better with less yelling, less headache, and being less panicky. The objective behaviors were noted to include the injured worker soft spoken, having depressed facial features, with visible anxiety. The previous Provider's note submitted for review dated November 6, 2014, noted the injured worker with subjective complaints of depression, decreased energy, pessimism, excessive worry, and agitation with improvements noted in concentration and the injured worker spending less time in bed and less isolated, with less hopelessness. Objective behaviors were noted to include the injured worker as casual, soft spoken, with depressed fascial features, visible anxiety, and emotional withdrawal. Prior treatments have included acupuncture, chiropractic treatments, physical therapy, psychotherapy, TENS unit, at least 6 sessions of aquatic therapy, and medications, including Zolpidem, Buspar, Xanax, Venlafaxine, Risperidone, and Cogentin. The injured worker's psych disability was noted to be unchanged as of February 19, 2015. The request for authorization dated February 19, 2015, requested Zolpidem 10mg, #30, Buspar 10mg, #60, and Cogentin 0.5mg, #30. The

Utilization Review (UR) dated March 16, 2015, certified the requests for Zolpidem 10mg, #30 and Buspar 10mg, #60, and non-certified the request for Cogentin 0.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cogentin 0.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Psychopharmacol 1989, Anticholinergic effects on memory: benztropine versus amantadine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov National Library of Medicine online.

Decision rationale: In this case the patient was injured while working as a home health aide resulting in chronic back and leg pain with associated anxiety, insomnia and depression. The request is for Cogentin. CA MTUS/ODG does not specifically address Cogentin, so other guidelines were referenced. Cogentin is indicated in all forms of Parkinsonism and extra pyramidal disorders (EPS). In this case, there is a lack of documentation concerning the indication for Cogentin. The patient does not have Parkinsonism. Prescription refills note "Cogentin for EPS," but there is no documentation that the patient has extra pyramidal symptoms and no objective findings on neurologic exam confirming EPS. EPS may be secondary to Risperidone in this case, however no documentation provided suggests this presumption. The efficacy of Cogentin is not addressed and there is a lack of documentation of functional improvement with Cogentin. Therefore, based on the lack of documentation and the above, this request is not medically necessary or appropriate.