

Case Number:	CM15-0091618		
Date Assigned:	05/18/2015	Date of Injury:	02/15/2002
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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

Certification(s)/Specialty: Emergency Medicine

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 2/15/02. The injured worker was diagnosed as having cervical myofascial pain and superimposed on cervical disc disease. Documentation provided is very poor. There is no list of medication and no medical history provided. Currently, the injured worker was with complaints of neck pain with associated swallowing and speaking difficulties. Previous treatments included medication management. Physical examination was notable for muscle spasms and tenderness noted to the cervical musculature. The plan of care was for medication prescriptions. There is no documentation anywhere why patient is on Benzotropine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benzotropine 1 mg (2 times daily) Qty 60 (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.drugs.com/international/benzatropine.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.accessdata.fda.gov>.

Decision rationale: No information is available concerning Benzotropine in MTUS guidelines or Official Disability Guidelines. As per FDA approved drug list, Benzotropine/Cogentin is only approved for Parkinson's disease and for dystonic reaction from anti-psychotic medication. Due to poor documentation provided, there is no documentation if patient has a diagnosis of Parkinson's disease or if patient is taking any antipsychotics. Benzotropine is not medically necessary.