

<b>Case Number:</b>	CM13-0037604		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/13/2002
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66 year old male who reported an injury on 12/13/2002. The mechanism of injury was not provided for review. The patient developed chronic knee pain that was managed with medications. These medications included cetirizine, hydrocodone/APAP, pantoprazole, and Voltaren XR. The patient's most recent clinical examination findings included swelling along the medial joint line of the left knee with restricted range of motion described as 130 degrees in flexion and 0 to 5 degrees in extension, a positive Apley's compression test, distraction test, and bounce test. The patient's diagnoses included grade 2 chondromalacia, status post repeat left knee arthroscopy, and severe post-traumatic arthritis. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cetirizine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, does not address this medication. Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/zyrtec-drug/indications-dosage.htm>

**Decision rationale:** The requested cetirizine 10 mg #30 is not medically necessary or appropriate. Online resource, rxlist.com, indicates that this medication is primarily used for seasonal and perennial allergies and chronic urticaria. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms of seasonal or perennial allergies, or chronic urticaria that would require this type of medication. The clinical documentation does indicate that this patient is taking this medication to decrease pain and inflammation. However, as this is not a recommended use for this medication, it would not be supported. As such, the requested cetirizine 10 mg #30 is not medically necessary or appropriate.