MAXIMUS Federal Services

Case Number:	CM13-0052551		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2008
Decision Date:	03/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 46-year-old male diagnosed with postlaminectomy syndrome of the lumbar region, lumbar radiculopathy, and spinal stenosis to the lumbar area, sacroiliitis, erectile dysfunction, and back pain. The patient's date of injury was 01/02/2008, mechanism of injury not provided. Per the physician's progress report PR-2 dated 12/06/2013, the patient was in for complaint of back pain going down the left leg. The patient characterizes his pain as aching, cramping, sharp, shooting, and throbbing. The patient rates the pain on the Visual Analog Scale 8/10 for the lower back. On exam, the physician noted for the lumbar spine, mild spasm and mild tenderness along the lumbar area bilaterally. Straight leg raise maneuver is moderately positive at the bilateral L4 and bilateral L5 for radicular symptomatology, there is moderate tenderness noted to the SI joints; the SI joint tenderness has remained the same since the last visit, Patrick's test is positive. The patient's current medication is gabapentin 600 mg 2 tablets twice a day, Cetirizine HCl 10 mg 1 daily, Norco 10/325 mg take 1 every 4 to 6 hours as needed for pain, Nortriptyline 25 mg 1 tablet twice daily, Omeprazole 20 mg 1 tablet daily, tizanidine 4 mg 1 tablet 3 times a day. Also noted by the physician, the patient has received extensive instructions on structured home exercises. The patient was shown home exercises with focus on prolonged static stretches of the hip flexors/adductor/abductors, knee/ankle flexors along with extensor muscle strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cetirizine HCl 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: The request for Cetirizine is non-certified. The patient continues to have lower back pain 8/10 for the low back during his 12/06/2013 appointment. California/ACOEM and Official Disability Guidelines do not address Cetirizine. Drugs.com notes that Cetirizine (Zyrtec) is an antihistamine that reduces the effects of natural chemical histamine in the body. Histamine can produce symptoms of sneezing, itching, watering eyes, and runny nose. Cetirizine is used to treat cold or allergy symptoms such as sneezing, itching, watery eyes, or runny nose. The physician has prescribed the patient Cetirizine 10 mg daily for antihistamine effects, thus decreasing swelling and inflammation per the physician. Drugs.com does not note that the medication is used for this purpose, again the medication is an antihistamine that reduces the effects of natural chemical histamines in the body and is used to treat cold or allergy symptoms. Therefore, the request is non-certified.