

Case Number:	CM14-0013033		
Date Assigned:	02/24/2014	Date of Injury:	01/10/2011
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 37 year old male who was injured on 06/11/2011 with injuries to the left shoulder. Prior treatment history has included hydrocodone-APAP, Laxacin 50/8.6 mg, cyclobenzaprine Hcl, Cetirizine Hcl, pantoprazole sodium, Relafen and Zolpidem. The patient underwent left shoulder manipulation under anesthesia and left shoulder arthroscopic debridement of glenohumeral joint nad subacromial space/subacromial decompression. PR2 dated 12/12/2013 indicates the patient reports his pain quality is aching, exhausting, heavy, sharp, stabbing and throbbing. He rated his pain a 6/10. His pain when not taking the medication has been 9/10. His pain when taking medications has been 5/10. The patient also reports difficulties with activities of daily living, loss of range of motion and stiffness of the left shoulder. He reports his pain is alleviated by heat and medications; and his pain is aggravated by physical activity. Clinic note dated 02/06/2014 documented on exam, the left shoulder reveals healed nicked incisional shoulder scar, moderate swelling and mild atrophy along the posterior deltoid. Shoulder range of motion is as follows: Flexion at 80 degrees; extension at 20 degrees; abduction at 90 degrees; adduction at 20 degrees; internal rotation at 30 degrees; external rotation to 30 degrees. On palpation, there is moderate tenderness noted along the acromioclavicular (AC) joint and subdeltoid bursa status post surgery on 03/12/2013. The patient was diagnosed with shoulder impingement, adhesive capsulitis, abnormal posture, mild shoulder protraction, and open fracture of surgical neck of left humerus. The patient was educated on home exercises program and was dispensed Cetirizine 10 mg taken once daily as needed as he reports less inflammation and moderate pain with this medication. Prior UR dated 01/15/2014 states the request for cetirizine is non-certified as there is no documentation supporting the necessity for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CETIRIZINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Review of cetirizine hydrochloride for the treatment of allergic disorders; Portnoy JM1, Dinakar C.; Expert Opin Pharmacother, 2004 Jan; 5(1): 125-35; PubMed.

Decision rationale: CA MTUS and ODG do not discuss the issue in dispute. It is well known within the medical literature that cetirizine is a relatively safe medication used for allergic respiratory diseases, urticaria, and atopic dermatitis. However, it is not well documented that cetirizine should be used in pain management and/or for nonspecific inflammation. The clinical documents state the patient has been taking cetirizine for pain control and to reduce inflammation. The specific inflammation was not described. Given the lack of clinical documentation and clear indication for cetirizine the request is not certified.