

Case Number:	CM14-0113508		
Date Assigned:	09/16/2014	Date of Injury:	07/21/2011
Decision Date:	10/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on July 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; psychotropic medications; extensive periods of time off work; unspecified amounts of chiropractic manipulative therapy; and various interventional spine procedures involving the lumbar spine. In a utilization review report dated June 24, 2014, the claims administrator reportedly denied a request for cetirizine (Zyrtec). The applicant's attorney subsequently appealed. In a December 14, 2012, medical-legal evaluation, it was acknowledged the applicant was not working and was unable to return to his former job. In a July 31, 2012, progress note, the applicant was given prescription for cetirizine, diclofenac, and Tizanidine. Low back pain was reported as the primary complaint. On May 29, 2012, the applicant's medication list included cetirizine, diclofenac, and Tizanidine. It was not clearly stated for what purpose the applicant was using cetirizine, however. On August 30, 2012, the applicant was again described as using cetirizine, diclofenac, Tizanidine, and Augmentin. The applicant stated that he did develop issues of dizziness and dry mouth with medications. Once again, it was not stated for what purpose cetirizine was being employed. On February 17, 2012, the applicant received a lumbar facet injection. The attending provider suggested that the applicant employ cetirizine to decrease the body's histamine response to the injection.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com - Zyrtec (cetirizine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Cetirizine Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of cetirizine usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for a non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that cetirizine or Zyrtec is indicated for relief of nasal and/or non-nasal symptoms associated with seasonal and/or allergic perennial rhinitis. In this case, however, there is no mention of the applicant's suffering from issues associated with allergic rhinitis on or around the date in question. No rationale selection and/or ongoing usage of cetirizine (Zyrtec) were furnished by the attending provider, implying that it was, in fact, being employed for a non-FDA labeled purpose. The attending provider failed to furnish any compelling applicant-specific rationale and medical evidence which would counter the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.