

<b>Case Number:</b>	CM14-0169684		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 injured worker was a 30-year-old man long history of bilateral low back pain. The history was taken from the procedure note for the permanent implantation of spinal cord stimulator dated April 10, 2014. There were no other clinical progress notes or encounter dates in the medical record. The total medical record was 22 pages. The low back pain radiates to both lower extremities. The injured worker failed various conservative medical regimens including pharmacotherapy, physical therapy, daily structured home exercises, activity modification, and injection therapies. The injured worker underwent a successful trial for the spinal cord stimulator system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cetirizine HCL 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/121113215> Anti-allergic anti-inflammatory effects of H1-antihistamines in humans.

**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: <http://www.drugs.com/cetirizine-hcl.html>

**Decision rationale:** Pursuant to the [REDACTED], Cetirizine HCL 10mg #30 is not medically necessary. Second-generation oral H1 antihistamines, such as cetirizine are mainstays of allergic treatment, acting as highly specific, long-acting H-1 receptors agonists at its unique receptor. See attached link for additional details. In this case, there is no clinical documentation to support the use of cetirizine. The medical record contains a procedure note from the implantation of the spinal cord stimulator system and the utilization review form. The entire record was 22 pages. The spinal cord stimulator was placed April 10, 2014 and there were no allergic reactions encountered during the procedure. There was no discussion of allergic reaction in the medical record. Consequently, absent the appropriate clinical documentation, Cetirizine HCl 10 mg #30 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, cetirizine HCl 10 mg #30 is not medically necessary.