

<b>Case Number:</b>	CM14-0040684		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/22/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine & Rehabilitation 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:

This 50 year-old male truck driver sustained an injury on 1/22/2002 while employed by [REDACTED]. Request(s) under consideration include Loratadine 10mg daily prn #30 with 3 refills. Diagnoses include status post Lumbar Laminectomy Syndrome; chronic pain syndrome. Conservative care has included medications, physical therapy, lumbar epidural steroid injections, and modified activities/rest. Report of 1/7/14 from the provider noted medication list to include Colace, Ambien, Loratadine, Miralax, Nuvigil, OxyContin, Percocet, Tizanidine, and Zoloft. Exam showed tenderness of paraspinal regions at L4 and iliolumbar; pain with motion. No neurological deficits recorded. Report of 3/4/14 from the provider noted the patient with ongoing low back symptoms radiating to feet rated at 6-9/10. Exam showed antalgic gait; walks with cane; normal DTRs; painful lumbar range of motion. Treatment included physical therapy and medications. Request(s) for Loratadine 10mg daily prn #30 with 3 refills was non-certified on 3/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Loratadine 10mg daily prn #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.medicinenet.com/loratadine-oral/article.htm](http://www.medicinenet.com/loratadine-oral/article.htm).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-histamine, Treatment Page(s): 535-536.

**Decision rationale:** Provider's report dated 3/4/14 notes the patient has ongoing low back symptoms radiating to feet rated at 6-9/10. Exam showed antalgic gait; walks with cane; normal DTRs; painful lumbar range of motion. Treatment included physical therapy and medications. Request(s) for Loratadine 10mg daily prn #30 with 3 refills was non-certified on 3/10/14. Loratadine belongs to a class of medications called antihistamine. Loratadine (Claritin) is indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis and for the treatment of chronic idiopathic Urticaria. Its anti-histamine action may be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contact dermatitis. Submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this anti-histamine medication for diagnoses of the lumbar laminectomy syndrome and chronic pain. The Loratadine 10mg daily prn #30 with 3 refills is not medically necessary and appropriate.