

Case Number:	CM14-0186466		
Date Assigned:	11/14/2014	Date of Injury:	12/12/2003
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 64-year-old female who was injured on December 12 2003. The patient continued to experience pain in her lower back. Physical examination was notable for decreased range of motion of the lumbar spine, positive straight leg raise test bilaterally, diminished sensation along the bilateral L5 and S1 distribution, and mild right lower extremity weakness. Diagnoses included lumbar spine radiculopathy, lumbar facet arthropathy, lumbar degenerative disc disease, and right hip bursitis. Treatment included medications and home exercise program. Request for authorization for Cetirizine 10 mg # 30 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 10/16/14: Certirizine 10mg QTY: 30: 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 Other Medical Treatment Guideline or Medical Evidence: Drugs for Allergic Disorders, Treatment Guidelines from The Medical Letter - May 1, 2013 (Issue 129) p. 43

Decision rationale: Cetirizine is a second generation anti-histamine used in the treatment of seasonal allergies. Cetirizine can be more sedating than other second-generation agents. In this case the patient does not have a history of seasonal allergies. There is no medical indication for the use of cetirizine. The request should not be authorized.