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| Case Number: | CM15-0002668 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 02/08/1998 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 64 year old female who suffered a work related injury on 02/08/98. Per the physician notes from 10/29/14, she complains of increasing right neck pain with stiffness and headaches, tingling numbness right hand and left lower extremity, chronic weakness right lower extremity, low back and mid back pain, chronic neck pain/stiffness and headaches. The treatment plan consists of Norco, citalopram, gabapentin, lansoprazole, and requesting acupuncture. On 12/19/14, the Claims Administrator non-certified Zyrtec citing non-MTUS sources. The medical records did not establish the injured worker suffers from an allergy which would necessitate treatment with an antihistamine. This treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyrtec allergy 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.WebMD.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zyrtec

Decision rationale: This 64 year old female has complained of neck pain, right hand paresthesias, left lower extremity paresthesias and low back pain since date of injury 2/8/98. She has been treated with right knee surgery, steroid injections, radiofrequency ablation procedures, lumbar spine surgery, physical therapy and medications. The current request is for Zyrtec, an antihistamine used to treat the symptoms of allergic rhinitis. The available medical records do not provide documentation to support a diagnosis of allergic rhinitis nor do they provide a rationale for use of this medication in this patient. On the basis of the available medical records and per the guidelines cited above, Zyrtec is not indicated as medically necessary.