

Case Number:	CM15-0237118		
Date Assigned:	12/14/2015	Date of Injury:	05/04/1992
Decision Date:	01/19/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/04/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 is a 59 year old female with a date of injury of May 4, 1992. A review of the medical records indicates that the injured worker is undergoing treatment for shortness of breath, cough, allergic rhinitis, and asthma. A progress note dated April 15, 2015 documented complaints of having to use additional antihistamine lately. Medical records dated July 7, 2015 indicate that the injured worker reported doing better respiratory wise and complained of a cough. The progress note dated April 15, 2015 documented a physical examination that showed clear lung sounds and no abnormal respiratory findings. The physical exam dated July 7, 2015 reveals clear lung sounds and no abnormal respiratory findings. Treatment has included Cetirizine and Patanol solution since at least December of 2014: Lisinopril, Spiriva, Ventolin, and Zyrtec. The utilization review (November 10, 2015) non-certified a request for Patanol 0.1% solution instill one to two drops in affected eyes twice a day for allergies, and partially certified a request for Cetirizine 10mg #30 with no refills (original request for Cetirizine 10mg one tablet by mouth every day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cetirizine 10mg 1 tab po qd: 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 Cetirizine. <http://www.drugs.com/cetirizine-hcl.html>.

Decision rationale: Cetirizine is a medication used to treated allergy conditions. MTUS, ACOEM, and ODG guidelines do not address this request, therefore other sources were referenced. This request is for Cetirizine 10mg 1 tab po q day. The quantity in this request is not specified. Likewise, utilization review choose to reasonably approve a 30 day supply as there is documentation that this medication has been improving the patient's allergies. As Independent Medical review does not have the ability to partially certify requests like Utilization review, due to the ambiguity of the original request this medication is not medically necessary.

Patanol 0.1% solution, install 1-2 drops into affected eyes BID for allergy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patanol, <http://www.drugs.com/patanol.html>.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address this request, therefore other sources were referenced. Patanol is a medication used to treated allergic conjunctivitis. The medical records do not reflect this diagnosis. Likewise, this medication is not medically necessary without additional documentation being provided.