

Case Number:	CM15-0175000		
Date Assigned:	09/16/2015	Date of Injury:	12/12/2003
Decision Date:	10/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey

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:

The injured worker is a 65 year old female who sustained an industrial injury on 12-12-03 resulting in lower back injury. Diagnoses included hip bursitis, enthesopathy; lumbar degenerative disc disease; facet arthropathy, lumbar; lumbar stenosis with neurogenic claudication; lumbar radiculopathy; right hip pain. She currently complains of burning low back pain and leg pain with a pain level of 4 out of 10 with medication and 8 out of 10 without medication (11-12-13 note). On physical exam of the lumbar spine there was decreased range of motion, spasms and trigger points, straight leg raise positive bilaterally; there was right hip tenderness, positive Thomas and Faber tests, decreased range of motion. Per the 4-23-13 note, the injured worker was on cetirizine for its anti-histamine effect decreasing swelling and inflammation. She reported significant pain relief with this medication. Treatments to date included medications: cetirizine, diclofenac, tizanidine, amitriptyline, flurbiprofen; cervical transforaminal epidural steroid injection (9-4-13); physical therapy; home exercise program; activities modification. In the progress note dated 11-12-13 the treating provider's plan of care included a request for cetirizine 10mg #30. The request for authorization dated 11-12-13 indicated cetirizine 10mg #30. On 8-27-15 utilization review evaluated and non-certified the retrospective request for cetirizine 10mg #30 (11-12-13) based on the fact that medical necessity not established as this medication is for relief of hay fever or other upper respiratory allergies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cetirizine 10mg daily, #30 (DOS: 11/12/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary section, antihistamines, oral.

Decision rationale: The MTUS Guidelines are silent regarding oral antihistamines in the setting of treating back pain. The ODG recommends second-generation antihistamines for the purpose of treating allergic rhinitis when symptoms impair quality of life, and also for sneezing and itching. However, in the setting of this worker, there were no such symptoms or diagnoses and the cetirizine was used for low back pain, which is unusual and not recommended for this drug type. Therefore, the cetirizine is not medically necessary.