

<b>Case Number:</b>	CM15-0092400		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/01/1996
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California, Indiana, New York Certification(s)/Specialty: Internal Medicine

### 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 52-year-old female with an April 1, 1996 date of injury. A progress note dated April 23, 2015 documents subjective findings (rheumatoid arthritis flare up after discontinuing the medication Orencia due to an adverse reaction; bilateral foot pain; increased pain and swelling of the left wrist as well as pain in her neck; increase in pain and swelling involving the left ankle), objective findings (crepitus of the temporomandibular joints; mild tenderness on palpation of the masseter muscles; decreased range of motion of the neck; mild to moderate tenderness on palpation of the paracervical muscles and trapezius muscles; frozen left shoulder; marked decreased in internal rotation of the left shoulder and moderate decreased in internal rotation of the right shoulder; mild tenderness on palpation of the right glenohumeral joint and moderate tenderness on palpation of the left glenohumeral joint; flexion contracture of the left elbow; left elbow mildly warm, tender, and swollen; increased swelling of the left wrist with moderate tenderness; decreased range of motion of the bilateral wrists; right wrist mildly tender; moderate tenderness of the bilateral hands with mild swelling; warmth of the right knee with mild swelling and tenderness; mild to moderate patellofemoral crepitation bilaterally; decreased range of motion of the bilateral knees; moderate tenderness and swelling of the bilateral ankles, left greater than right; moderate tenderness on palpation of the bilateral feet, left greater than right; mild tenderness to palpation of the paralumbar muscles; mild limitation of motion of the lumbar spine), and current diagnoses (rheumatoid arthritis, seropositive and erosive; history of repetitive strain injuries/overuse syndrome involving the bilateral hands and upper extremities; bilateral carpal tunnel syndrome; history of bilateral De Quervain's syndrome). Treatments to date have included medications, bilateral carpal tunnel

release, bilateral knee arthroscopy, bilateral total knee arthroplasty, bilateral De Quervain's release, injections, physical therapy, chiropractic treatments, and use of a cane. The treating physician documented a plan of care that included Loratadine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Loratadine 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7528133>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697038.html>.

**Decision rationale:** Pursuant to Medline plus, Loratadine 10 mg is not medically necessary. Loratadine (an antihistamine) is used to temporarily relieve symptoms of hay fever and other allergies. For additional details, see the attached link. In this case, the injured worker's working diagnoses are rheumatoid arthritis; history repetitive strain injuries/overuse syndrome; bilateral carpal tunnel syndromes; history bilateral De Quervain's stenosing tenosynovitis; status post arthroscopy bilateral knees; partially frozen shoulders; status post bilateral total knee replacements 2008; status post manipulation under anesthesia bilateral knees April 2009; hypercholesterolemia; and obesity. There is no diagnosis documenting allergic rhinitis or hay fever. Subjective documentation in a progress note dated April 23, 2015 does not contain evidence of a clinical indication for Loratadine 10mg. there is no objective evidence. There is no documentation of Loratadine 10mg in the treatment plan. There is no clinical indication or rationale in the treatment plan. Consequently, absent clinical documentation with a treatment plan containing Loratadine and a clinical indication and rationale for its use, Loratadine 10 mg is not medically necessary.