

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 12/09/2005. She has been diagnosed with rhinitis and chronic pain from lumbar radiculopathy, cervical pain, shoulder pain, myofascial pain and neuropathic pain. Her pain has been managed in part with chronic opioid use. She has been under the care of pain management specialist [REDACTED], MD. His note from 08/27/12 indicates she takes Fioricet for headaches as needed.

IMR DECISION(S) AND RATIONALE(S)

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

1. A prescription for loratadine 10 mg #30 is medically necessary and appropriate.

The Claims Administrator based its decision on *The diagnosis and management of rhinitis. An updated practice parameter*, in the Journal of Allergy and Clinical Immunology, 2008, which is not a part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on *UpToDate: The management of allergic rhinitis*, by Richard deShazo, MD, et al; Online Version.

The Physician Reviewer's decision rationale: The medical records provided for review, this patient suffers from rhinitis. The cited guidelines indicate that second generation oral antihistamines play a central role in the management of rhinitis symptom management. **The request for loratadine 10 mg #30 is medically necessary and appropriate.**

2. An injection of Benadryl 50mg is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on *UpToDate: Anaphylaxis: Rapid recognition and treatment*, by F. Estelle Simons, MD, et al: Online Version.

The Physician Reviewer's decision rationale:

The guidelines state that injectable Benadryl is indicated for the treatment of anaphylaxis as an adjunctive treatment. The medical records presented for review did not document treatment of anaphylaxis. **The request for the injection of Benadryl 50 mg is not medically necessary and appropriate.**

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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