MAXIMUS Federal Services

Case Number:	CM14-0109516		
Date Assigned:	08/01/2014	Date of Injury:	12/31/1989
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Internal 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old male injured on 12/31/89 due to an undisclosed mechanism of injury. The clinical note dated 05/10/14 indicated the injured worker presented with chronic mechanical neck pain with secondary myofascial pain and occipital headaches. The injured worker also had complaints of chronic right C6 radiculopathy status post anterior cervical discectomy of C5 to C6 and C6 to C7 in January of 1990. The injured worker had previously noted C6 osteophyte but did not respond at that area. The injured worker reported fifty percent of pain comes from resultant headache. Medical history included asthma, no history of cardiovascular problems, recent anemia secondary to iron deficiency, and narcotic induced hypotestosteronism. The injured worker also had corrected hypothyroidism. The documentation indicated lab results to include hematocrit (HCT) 50, thyroid slightly high, and urine toxicology performed on 02/01/14 confirmed Oxycontin use. Previous labs performed on 03/27/13 revealed thyroid stimulating hormone (TSH) 1.79, testosterone levels high, and prostate specific antigen (PSA) normal. The documentation regarding ongoing attempts to wean noted. Complete list of medications was not provided for review. The initial request for Armour thyroid (unspecified quantity) was initially noncertified on 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Armour Thyroid (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http:///www.armourthyroid.com/; http://www.drugs.com/mtm/armour-thyroid.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfmsetid=56b41079-60db-4256-9695-202b3a65d13d.

Decision rationale: Armour thyroid is utilized as replacement or supplemental therapy in patients with hypothyroidism of any etiology, except transient hypothyroidism during the recovery phase of subacute thyroiditis. It is also utilized as pituitary thyroid stimulating hormone (TSH) suppressants, in the treatment or prevention of various types of euthyroid goiters, including thyroid nodules, subacute or chronic Iymphocytic thyroiditis (Hashimoto's), multinodular goiter, and in the management of thyroid cancer. The request failed to provide dose, frequency, amount, and number of refills to be provided. As such, the request is not medically necessary.