

Case Number:	CM14-0122864		
Date Assigned:	08/08/2014	Date of Injury:	06/10/2005
Decision Date:	09/25/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 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:

46 yr. old female claimant sustained a work injury on 6/10/05 involving the low back. She was diagnosed with lumbar spondylosis, lumbago with neuritis and chronic pain. She had additionally developed depression, weight gain, anxiety and hallucinations. She had been offered pool therapy and a [REDACTED] weight management program. She had been treated with anti-depressants and thyroid supplementation. A progress note on 2/3/14 indicated the claimant had constipation due to hypothyroidism, which was related to, increased cortisol levels. The treating physician did not believe the antidepressants would be effective unless the thyroid was treated. A progress note on 3/13/14 indicated the claimant weighed 239 lbs. and could not lose weight. Thyroid evaluation was considered. The treating physician provided the claimant with 25mcg of Levothyroxine. A 4/3/14, the treating physician had prescribed Vitamin D3 and Vitamin B12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 3 10,000 units #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/002405.htm>.

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:National Guidelines and Vitamin D.

Decision rationale: The MTUS and ACOEM guidelines do not comment on Vitamin D. According to the national guidelines, Vitamin D is a fat soluble vitamin required for healthy bones and overall health. Those with malabsorption, elderly, dark skin, or deficient patients may require supplementation. In this case, the claimant's Vitamin D level is not known. There is no indication as to the reason for its use and dosage. Therefore it is not medically necessary.

Levothyroxine 0.25 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR drug Summary - Levoxyl<http://www.pdr.net/drug-summary/levoxyl?druglabelid=2553>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for Hypothyroidism.

Decision rationale: The MTUS and ACOEM guidelines do not comment on Levothyroxine. According to the national guidelines, Levothyroxine is a hormone required for numerous organ systems and overall physical and mental health. Those suspected of hypothyroidism should have a TSH level checked. Medication such as Levothyroxine can be used to titrate those with a high TSH. In this case, the claimant's Thyroid level is not known. There is no indication as to the reason for its dosage. Therefore, the Levothyroxine 25 mcg it is not medically necessary.

Vitamin B 12 SL 1,000 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/002403.htm>.

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:National Guidelines on Vitamin B12.

Decision rationale: The MTUS and ACOEM guidelines do not comment on Vitamin B12. According to the national guidelines, Vitamin B12 is a vitamin required for memory, neurological function, anemia and overall health. Those with malabsorption, elderly, abdominal surgery or deficient patients may require supplementation. In this case, the claimant's VitaminB12 level is not known. There is no indication as to the reason for its use and dosage. Therefore it is not medically necessary.