MAXIMUS Federal Services

Case Number:	CM14-0124773		
Date Assigned:	09/25/2014	Date of Injury:	08/04/1990
Decision Date:	11/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 08/04/1999. The listed diagnoses per [redacted] are:1. Allergy.2. Hypertension.3. Mixed hyperlipidemia.4. PTSD.5. Reactive depression.6. ADD.According to progress report 04/17/2014, the patient has a "history of partial hypopituitarism in the setting of multiple concussions and head trauma." The patient is taking levothyroxine 88 mcg daily for hypothyroidism. He has recently switched from AndroGel pump to AndroGel packets for hypogonadism with recent testosterone levels in the normal range. Examination revealed "he has recovered from recent followup knee surgery after a fall." No nausea or vomiting or recent dizziness was noted. According to report 04/07/2014, the patient presents with increased soreness and tightness secondary to doing yard work. His pain is 3/10 at worst, 1/10 at best and currently, 2/10. Treater is requesting a refill of levothyroxine 88 mcg #30 x12 refills and AndroGel packets 1.6%. Utilization review denied the request on 07/29/2014. Treatment reports from 02/12/2014 through 04/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levothyroxine 88MCG # 30 x 12 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with "history of partial hypopituitarism in the setting of multiple concussions and head trauma." The treating physician is requesting a refill of levothyroxine 88 mcg #30 x12 refills for patient's hypothyroidism. Utilization review partially certified the request from the requested #30 x12 refills to x5 refills. The ACOEM, MTUS and Official Disability Guidelines (ODG) do not discuss Levothyroxine. Levothyroxine is a thyroid medication that is used to treat hypothyroidism. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, the patient has a diagnosis of hypertension and the treating physician is prescribing this medication as a treatment for hypothyroidism. As such, this request is medically necessary.

Androgel packets 1.62%: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: This patient presents with "history of partial hypopituitarism in the setting of multiple concussions and head trauma." The treating physician is requesting a refill of AndroGel packets 1.6%. Utilization review modified the certification to #30. The MTUS, ACOEM and Official Disability Guidelines (ODG) do not discuss Androgel; therefore, an alternative resource was consulted. The FDA has the following regarding Androgel: "ANDROGEL 1.62% is a prescription medicine that contains testosterone. 1.62% is used to treat adult males who have low or no testosterone. It is recommended that healthcare provider's test patient's blood before they start and while they are taking ANDROGEL 1.62%." Under the Pain Chapter of the Official Disability Guidelines states the following regarding testosterone: "recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." In this case, the patient has a diagnosis of hypogonadism and the treating physician reports that recent testosterone levels were in the normal range with this medication. Therefore, this request is medically necessary.