

Case Number:	CM14-0194246		
Date Assigned:	12/02/2014	Date of Injury:	01/27/2006
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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:

Pursuant to the progress report dated October 22, 2014, the IW complains of pain in her left shoulder blade. She has continued headaches and her sleep is affected. Physical examination revealed some postural guarding, and some pain behavior in the form of holding her head straight and trying not to move too much. She keeps her left arm close to her body. There is no swelling around her left wrist or the left elbow. She is very tender to palpation in the bilateral trapezium and cervical paraspinal. The IW has been diagnosed with chronic left upper extremity pain, left upper CRPS; chronic neck pain; and history of depression. Current medications include Tramadol 50mg, Lyrica 50mg, Abilify 5 mg, and Norco 5/325mg. The provider is requesting Levothyroxine 100mcg #30. The treating physician does not indicated how the Levothyroxine is related to her the injured worker's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levothyroxine 100mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, levothyroxine 100 mcg #30 is not medically necessary. The guidelines state "thorough history checking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Diagnostic study should be ordered in this context and not simply for screening purposes". In this case, the injured worker was a 49-year-old with a date of injury January 27, 2006. The injured worker's diagnoses are chronic left arm pain, left upper extremity complex regional pain syndrome, chronic neck pain and history of depression. The treating physician is requesting levothyroxine, a thyroid replacement medication. There is no documentation (history or physical) indicating the thyroid is in any way related to the industrial injury. Additionally, there is no causal relationship established between thyroid and the industrial injury. Consequently, levothyroxine 100 mcg is not medically necessary.