

Case Number:	CM14-0203547		
Date Assigned:	12/16/2014	Date of Injury:	12/06/2000
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

This is a 57 year old female who sustained a work related injury on 12/06/2000. The mechanism of injury has not been provided. Per the Primary Treating Physician's Progress Report dated 10/21/2014 the injured worker reported feeling very nervous on her current dosage of 75 mcg of Levothyroxine. She has lost weight and found it difficult to eat more. Physical Examination revealed weight loss of four pounds. Diagnoses included hypothyroidism. The plan of care included decreasing her Levothyroxine dose and follow-up laboratory evaluation. Work Status is temporary total disability; however the medical record states that she is working full time. On 11/14/2014, Utilization Review non-certified a prescription for Levothyroxine 50mcg Qty: 30 based on lack of medical necessity. The CA MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levothyroxine 50mcg Qty: 30: Upheld

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

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://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0001057/>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of levothyroxine. Per the US National Library of Medicine, levothyroxine is used to treat hypothyroidism, a condition where the thyroid gland does not produce enough thyroid hormone. Levothyroxine is also used to help decrease the size of enlarged thyroid glands and to treat thyroid cancer. The documentation submitted for review do not contain laboratory reports indicating a hypothyroid state. The injured worker was possibly showing signs of toxicity/hyperthyroidism. The request is not medically necessary.