

<b>Case Number:</b>	CM15-0105506		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/06/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old male who sustained a work related injury March 6, 2007. According to a most recent report, a secondary treating physician's progress report, dated December 8, 2014, the injured worker presented with no change with his acid reflux, unchanged abdominal pain, increased constipation and decreased sleep quality (4 hours a night, wakes gasping for air, with fatigue in the morning). Physical examination revealed; 5'11" 319 pounds, lungs are clear to auscultation, regular heart rate and rhythm, no rubs or gallops, abdomen soft with active bowel sounds. Diagnoses are documented as gastroesophageal reflux disease / Barrett's mucosa, secondary to NSAID's (non-steroidal anti-inflammatory drugs); constipation secondary to stress; obstructive sleep apnea, secondary to pain and stress; abdominal pain; hypothyroidism; chronic gastritis; reflux esophagitis; sleep disorder. Treatment plan included refill of medications, Accu-Chek blood glucose performed in office, other studies ordered; sleep study, respiratory study, Sudoscan, and to follow recommended low-acid IBS (irritable bowel syndrome) diet. At issue, is the request for authorization for Synthroid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synthroid #30, 112 mcg daily with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/synthroid.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/synthroid](http://www.drugs.com/synthroid).

**Decision rationale:** This 45 year old male has complained of abdominal pain, acid reflux and poor sleep since date of injury 3/6/07. He has been treated with medications. The current request is for Synthroid. Synthroid is a medication used to treat low thyroid hormone levels. There is inadequate documentation in the available medical records of hypothyroidism and inadequate documentation of the signs and symptoms of hypothyroidism. On the basis of the available medical records and per the guidelines cited above, Synthroid is not medically necessary.